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**National Highway
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REMOTE AIR BAG REPORT

CASE NO. - 96-24

FLEET - PRIVATE VEHICLE

LOCATION - NEW MEXICO

ACCIDENT DATE - 1996

Submitted By:

Associate Scientist

and

Associate Scientist

1997

Revised Submission:

1998

Contract Number: DTNH22-94-D-17058

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National Highway Traffic Safety Administration
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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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7. Author(s) [REDACTED] OS				8. Performing Organization Report No. TRC/IU 96-24, Task 0066	
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15. Supplementary Notes Remote air bag deployment investigation involving a 1996 Plymouth Neon, 4-door sedan, with manual safety belts and dual front air bags					
16. Abstract This report covers an remote investigation of an air bag deployment crash that involved a 1996 Plymouth Neon (case vehicle) and a 1977 Ford F-100 pickup (vehicle #2). This crash is of special interest because the case vehicle's front right child passenger was fatally injured as a result of contacting his deploying air bag. The case vehicle was traveling westward in a left-hand curve in the westbound lane of a two-lane, undivided, U.S. highway. Vehicle #2 was traveling eastward in a right-hand curve and was weaving back-and-forth across the centerline between the west and eastbound lanes of the same, two-lane, undivided, U.S. highway. The crash occurred in the westbound lane of the undivided roadway. The front left corner of the case vehicle (i.e., a narrow end engagement) impacted the center of vehicle #2's left side. As the case vehicle slid along vehicle #2's left side, the case vehicle's left front wheel engaged vehicle #2's left rear wheel most likely causing the case vehicle's driver and front right passenger supplemental restraint systems (air bags) to deploy. The case vehicle rotated approximately 100 degrees counterclockwise after impact and came to rest on the north roadside heading south-southeastward. After impact vehicle #2 continued essentially eastward, rotated approximately 15 degrees clockwise, and came to rest in the eastbound lanes heading east-southeastward. The case vehicle's driver (36-year-old female) was seated with her seat track located in its middle position, and the case vehicle was not equipped with a tilt steering wheel. She was also restrained by her available, active, three-point, lap and shoulder belt and sustained, according to her interview and medical records, multiple minor soft tissue injuries to her face, forearms, hands, and left knee. The front right passenger in the case vehicle (6-year-old male) was leaning forward away from his seat back and craning his neck upwards trying to see out the windshield. His seat track was located between its middle and rearmost positions, and according to this occupant's kinematics, his medical records, and the available photographs, he was not wearing his available, active, three-point, lap and shoulder belt. He sustained, according to the interview with the case vehicle's driver (i.e., mother) and his medical records, a fatal severance to his upper spinal cord, with fracture and dislocation, and critical brain injuries (i.e., a nonanatomic brain injury, cerebral and cerebellar edema, and subarachnoid hemorrhage). In addition, he sustained bilateral fracture and dislocation to his temporomandibular area, facial abrasions and contusions, severe anterior neck abrasions and contusions, and abrasions to his right clavicular area and upper arm. The rear right passenger (2-year-old female) was seated in her child safety seat and was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to the case vehicle's driver (i.e., mother), a minor chin contusion.					
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TRC/IU REMOTE AIR BAG REPORT

TRC/IU CASE NO. 96-24

FLEET - PRIVATE VEHICLE
LOCATION - NEW MEXICO

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1996 Plymouth Neon and a 1977 Ford F-100 pickup occurring in [REDACTED], 1996 at [REDACTED] p.m., in a rural area on a U.S. highway. This crash is of special interest because the Neon's front right child passenger was fatally injured as a result of contacting his deploying air bag.

The Neon was traveling westward in a left-hand curve in the westbound lane of a two-lane, undivided, U.S. highway when it impacted the F-100 pickup which was traveling eastward in a right-hand curve and was weaving back-and-forth across the centerline between the west and eastbound lanes of the same, two-lane, undivided, U.S. highway. The crash occurred in the westbound lane of the undivided roadway. The Neon rotated approximately 100 degrees counterclockwise after impact and came to rest on the north roadside heading south-southeastward. After impact the F-100 pickup #2 continued essentially eastward, rotated approximately 15 degrees clockwise, and came to rest in the eastbound lanes heading east-southeastward.

The front left corner of the Neon impacted the center of the F-100 pickup's left side. As the Neon slid along the pickup's left side, the Neon's left front wheel engaged the pickup's left rear wheel. Based on the available vehicle photographs, the CDCs are estimated as: **12-FLAE-9** for the Neon and **11-LDEW-2** for the pickup. No reconstruction program was used on this crash because the NASS, CDS, SMASH protocol requires that actual vehicular crush measurements be obtained; however, this contractor's visually estimated Delta V is Low [14-23 km.p.h. (9-14 m.p.h.)].

The 1996 Plymouth Neon was equipped with both driver and front right passenger supplemental restraint systems (air bags) which most likely deployed as a result of the wheel-to-wheel engagement. The driver of the vehicle (36-year-old female) was seated with her seat track located in its middle position, and the Neon was not equipped with a tilt steering wheel. She was restrained by her available, active, three-point, lap and shoulder belt and sustained, according to her interview and medical records, multiple minor soft tissue injuries to her face, forearms, hands, and left knee. The front right passenger (6-year-old male) in the Neon was leaning forward away from his seat back and craning his neck upwards trying to see out the windshield. His seat track was located between its middle and rearmost positions, and according to this occupant's kinematics, his medical records, and the available photographs, he was not wearing his available, active, three-point, lap and shoulder belt. He sustained, according to the interview with the Neon's driver (i.e., mother) and his medical records, a fatal severance to his upper spinal cord, with fracture and dislocation, and critical brain injuries (i.e., a nonanatomic brain injury, cerebral and cerebellar edema, and subarachnoid hemorrhage). In addition, he sustained bilateral fracture and dislocation to his temporomandibular area, facial abrasions and contusions, severe anterior neck abrasions and contusions, and abrasions to his right clavicular area and upper arm. The rear right passenger (2-year-old female) was seated in her child safety seat and was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to the case vehicle's driver (i.e., mother), a minor chin contusion. The driver (21-year-old female) of the pickup was, according to the Police Crash Report, restrained by her available, active, three-point, lap and shoulder belt and was listed on the Police Crash Report as sustaining a "C" (possible) injury as a result of this crash.

TRC/IU REMOTE¹ AIR BAG REPORT

TRC/IU CASE NO. 96-24

FLEET - PRIVATE VEHICLE
LOCATION - NEW MEXICO

CRASH DATA

Location/Street:	U.S. Highway
State:	New Mexico
Area/Type:	Rural, undeveloped
Crash Date/Time:	██████████ 1996, @ ██████████ p.m.
Investigating Police Agency:	████████████████████ Police
Crash Type:	Car / Pickup - Obtuse angle
Occupant Injury Severity (air bag vehicle):	Severance cervical spinal cord with fracture and dislocation upper cervical spine (AIS-6)

AMBIENT CONDITIONS²

Light Conditions:	Daylight
Weather Condition:	Clear, no clouds
Precipitation:	None
Road Surface:	Dry ²
Temperature:	74 degrees F (23 degrees Centigrade) @ county hospital

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	U.S. highway	U.S. highway
Number of Travel Lanes:	Two lanes, undivided	Two lanes, undivided
Width:	3.9 meters (12.7 feet)	3.8 meters (12.5 feet)

¹ This case was designated as a remote research task because an in-depth, on-scene investigation had been performed by a private reconstruction organization. At the time this task was initiated, it was believed that it would have been redundant to have performed our own on-site investigation.

² The road surface condition was reported as "dry" on the Police Crash Report and by the case vehicle's driver.

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Surface Type:	Bituminous	Bituminous
Vertical alignment:	Grade, negative to west	Grade, positive to east
Horizontal alignment:	Curve left	Curve right
Traffic Density:	Light	Light
Speed Limit:	89 km.p.h. (55 m.p.h.)	89 km.p.h. (55 m.p.h.)
Traffic Controls:	Solid, double yellow, center lines	Solid, double yellow, center lines

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1996	1977
Make:	Plymouth	Ford
Model:	Neon	F-100
Body Type:	Four-door sedan, five-passenger	Pickup, 4x2, conventional cab, three-passenger
V.I.N.:	1P3ES27C1TD-----	F10HP-----
Mileage:	8,047 km (5,000 m)	Unknown
Windshield damage/source:	Extensive cracks and spider web/impact and front right passenger	None per photographs
Active Restraints:	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at rear center position	Three-point, manual, lap and shoulder belts in front outboard seating positions; lap belt only at front center position
Passive Restraints:	Factory installed driver and front right passenger supplemental restraint systems (air bags)	Not equipped
Anti-lock brakes:	Option, unknown	Not equipped
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Towed due to damage

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reported Defects:	None per interviewee	Steering defective: excessive free play per Police Crash Report

VEHICLE DAMAGE

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>DEPLOYMENT IMPACT</u>		
Event number:	First	First
Object struck:	Vehicle #2	Case Vehicle
Damage location:	Front	Left
CDC:	12-FLAE-9	11-LDEW-2
Estimated maximum crush:	Unknown	Unknown
Damaged components:	Bumper; windshield; left: headlight assembly, fender, "A"-pillar, "B"-pillar, and quarter panel; left front door; and left rear door	Left "A"-pillar, "B"-pillar, quarter panel, and truck bed, left front door, left rear wheel and axle--torn off
Repair estimate:	Unknown, not repaired at present, being held for litigation	Unknown
Interior damage:	Driver and front right air bag modules, loose glass, and driver's door jammed shut from impact	Unknown

COLLISION SEQUENCE

PRE-CRASH: According to the Police Crash Report and the case vehicle's driver, the case vehicle (Neon) was traveling westward in a left-hand curve in the westbound lane of a two-lane, undivided, U.S. highway and was attempting to continue in its direction of travel. According to the Police Crash Report, vehicle #2 was traveling eastward in a right-hand curve and was weaving back-and-forth across the centerline between the west and eastbound lanes of the same, two-lane, undivided, U.S. highway, and vehicle #2 was attempting to continue in its eastward direction of travel. According to the Police Crash Report and the case vehicle's driver, she steered to the right in an attempt to avoid the crash. According to the case vehicle's driver, she also braked. As a result of the attempted avoidance maneuvers, the case vehicle slowed and swerved toward the north roadside just prior to im-

COLLISION SEQUENCE (CONTINUED)

PRE-CRASH: (Continued)

pact. According to the Police Crash Report, the driver of vehicle #2 braked hard and steered right attempting to avoid the crash. As a result of the attempted avoidance maneuvers and vehicle #2's police-reported defective steering, vehicle #2 rotated in a clockwise yaw just prior to impact. According to the Police Crash Report and the available scene photographs, the crash occurred in the westbound lane of the undivided roadway.

CRASH: According to the Police Crash Report and the available vehicle photographs, the front left corner of the case vehicle impacted the center of vehicle #2's left side (i.e., at about the left "A"-pillar--see **SELECTED PHOTOGRAPH #14**). According to the available vehicle photographs, as the case vehicle was sliding along vehicle #2's left side, the case vehicle's left front wheel engaged vehicle #2's left rear wheel most likely causing both the case vehicle's driver and front right passenger supplemental restraint systems (air bags) to deploy. The case vehicle's left wheel and steering assembly sustained heavy damaged (see **SELECTED PHOTOGRAPHS #17 and #18**). In addition, vehicle #2's entire rear axle assembly was torn out from underneath vehicle #2 causing the pickup bed to fall to the ground; see **SELECTED PHOTOGRAPHS #12 and #14**. According to the Police Crash Report and the available scene photographs, the case vehicle rotated approximately 100 degrees counterclockwise after impact and slid to rest on the berm beyond the shoulder on the north roadside heading south-southeastward. Vehicle #2 continued essentially eastward, rotating approximately 15 degrees clockwise, after impact and came to rest in the eastbound lanes heading east-southeastward. After separating and rotating approximately 180 degrees counterclockwise from vehicle #2, vehicle #2's rear axle assembly came to rest in and perpendicular to the eastbound lane and slightly eastward of the approximate point of impact.

DRIVER/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	36-year-old	21-year-old
Sex:	Female	Female
Height:	168 cm (66 in)	153 cm (60 in) per Attorney's estimate
Weight:	59 kg (130 lbs)	45 kg (100 lbs) per Attorney's estimate
Occupation:	Technical: medical technician	Retail store employee per Police Crash Report
Active Restraint System/Usage:	Three-point lap and shoulder/Used	Three-point lap and shoulder/Unknown ^{3 below}

DRIVER/OCCUPANT DATA^{3,4} (CONTINUED)

<u>DRIVERS:</u> (Continued)	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Usage Source:	Interviewee and Police Crash Report	No source available
Passive Restraint System/Usage:	Driver side air bag/Air bag deployed	Not equipped
Usage Source:	Interviewee and Police Crash Report	Not applicable
Eyeglasses/contacts:	Eyeglasses ⁴	Not applicable
Vehicle Familiarity:	Five months and approximately 8,047 km (5,000 mi) total	First time drove vehicle according to Police Crash Report and driver's statement to police
Route Familiarity:	Daily	Unknown
Trip Plan:	Shopping to home	Recreation (i.e., hiking) to home per driver's statement to police
Manner of Leaving Scene:	Ambulance	Unknown
Type of Medical Treatment:	Treated and released	Unknown if treated
<u>FRONT RIGHT PASSENGERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	6-year-old	20-year-old
Sex:	Male	Female
Height:	127 cm (50 in)	Unknown
Weight:	24 kg (54 lbs)	Unknown
Active Restraint System/Usage:	Three-point lap and shoulder/Not used	Three-point lap and shoulder/Unknown ⁵
Usage Source:	Occupant kinematics and injury information contained in medical records	Police Crash Report
Passive Restraint System/Usage:	Front right air bag/Air bag deployed	Not equipped

³ The Police Crash Report indicates that all three (i.e., driver, front center passenger, and front right passenger) of Vehicle #2's occupants were using their available safety belts.

⁴ According to the case vehicle's driver, her eyeglasses were in place at the time of impact but were gone after the impact. She indicated that she never saw them again.

DRIVER/OCCUPANT DATA (CONTINUED)

FRONT RIGHT PASSENGERS**(Continued):**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Usage Source:	Interviewee and Police Crash Report	Not applicable
Eyeglasses/contacts:	None	Not applicable
Manner of Leaving Scene:	Ambulance	Unknown
Type of Medical Treatment:	Hospitalized and died ~ 19 hours post-crash	None

OTHER PASSENGERS:

	<u>Case Vehicle Rear right Passenger:</u>	<u>Vehicle #2 Front Center Passenger:</u>
Age:	2-year-old	21-year-old
Sex:	Female	Male
Height:	89 cm (35 in)	Unknown
Weight:	18 kg (40 lbs)	Unknown
Active Restraint System/Usage:	Child safety seat and a three-point lap and shoulder/Used	Two-point lap/Unknown
Usage Source:	Interviewee and Police Crash Report	No source available
Passive Restraint System/Usage:	Not equipped	Not equipped
Usage Source:	Not applicable	Not applicable
Eyeglasses/contacts:	Not applicable	Not applicable
Manner of Leaving Scene:	Ambulance	Unknown
Type of Medical Treatment:	Treated and released	None

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasions whole face	290202.1,0	7	Air bag, driver's	{Probable}
Contusion left jaw	290402.1,2	7	Air bag, driver's	{Probable}

CASE VEHICLE DRIVER INJURIES^{5,6,7} (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Lacerations, several small, left face	290602.1,0	3	Flying glass ⁵	{Probable}
Abrasions, right ⁶ forearm--elbow to wrist	790202.1,1	7	Air bag, driver's	{Probable}
Contusions right ⁶ forearm	790402.1,1	7	Air bag, driver's	{Probable}
Abrasions {scratches ⁷ } left forearm--elbow to wrist	790202.1,2	3	Air bag, driver's	{Probable}
Contusions {bump and bruising} left forearm	790402.1,2	3	Air bag, driver's	{Probable}
Lacerations bilateral hands	790602.1,3	3	Flying glass	{Possible}
Abrasion left knee	890202.1,2	3	Left instrument panel	{Probable}
Contusion left knee	890402.1,2	6	Left instrument panel	{Probable}

CASE VEHICLE FRONT RIGHT PASSENGER INJURIES⁸

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Severance of spinal cord between C ₁ and skull with -- avulsion fracture to upper cervical spine, and dislocation ⁸ , atlanto-occipital <u>and/or</u> atlanto-axial <u>and</u> C ₂ on C ₃	640276.6,6	3	Air bag, front right passenger's	{Probable}
		2		
		2		
		2		
Nonanatomic brain injury (i.e., GCS=3, unresponsive, flaccid, etc.)	160824.5,0	2	Air bag, front right passenger's	{Probable}
Edema, diffuse, to cerebellum	140454.3,6	2	Air bag, front right passenger's	{Probable}
Edema, diffuse, to cerebrum	140674.5,9	2	Air bag, front right passenger's	{Probable}

⁵ According to the emergency room nurse, there were facial lacerations to the left side of the face. According to the interviewee, these lacerations were from flying glass.

⁶ According to the interviewee, the case vehicle's driver sustained bilateral abrasions and contusions to her forearms (i.e., elbow to wrist); however, no mention was made of hand involvement.

⁷ According to the patient's medical records, she sustained "scratches" to her left forearm. According to NASS CDS injury coding rules, a scratch is a synonym for a laceration; however, because the patient's medical face sheet referenced the ICD-9CM code of 913.0 (i.e., abrasions to elbow, forearm, or wrist) and the interviewee described forearm abrasions from her air bag, the word "scratch" is interpreted in this instance to mean an abrasion.

⁸ The skull was dislocated anteriorly relative to the spine.

CASE VEHICLE FRONT RIGHT PASSENGER INJURIES⁹ (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Subarachnoid hemorrhage, diffuse to cerebrum	140684.3,9	2	Air bag, front right passenger's	{Probable}
Dislocation, bilateral, temporomandibular joints	251604.2,3 ⁸	2	Air bag, front right passenger's	{Probable}
Fracture, bilateral, mandibular condyles, anteroposteriorly	250608.2,3	2	Air bag, front right passenger's	{Probable}
Abrasions right upper pinna and ear lobe	290202.1,1	2	Air bag, front right passenger's	{Probable}
Abrasion right face to right of mouth	290202.1,1	2	Air bag, front right passenger's	{Probable}
Contusion midline lower lip	290402.1,8	2	Air bag, front right passenger's	{Probable}
Abrasion across upper neck from left mid-lateral side to right mid-lateral side just below mandible with upward movement {tent}	390202.1,5	2	Air bag, front right passenger's	{Probable}
Contusions, severe, neck	390402.1,9	3	Air bag, front right passenger's	{Probable}
Abrasion, horizontal, right clavicular area	790202.1,1	2	Air bag, front right passenger's	{Probable}
Abrasion right upper lateral arm	790202.1,1	2	Air bag, front right passenger's	{Possible}
Abrasion, circular, distal, posterolateral, upper, right arm (i.e., just above elbow)	790202.1,1	2	Right side hardware or armrest	{Possible}

CASE VEHICLE REAR LEFT PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion under chin	290402.1,8	7	Unknown	{Unknown}

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Injured, unknown severity	7	9	Unknown	{Unknown}

⁹ Strictly according to NASS CDS Injury Coding protocol, the Aspect "bilateral" is not allowed for the purpose of combining these lesions when they involve both temporomandibular joints. Bilateral is used here because the contact mechanism for each joint is identical (i.e., the air bag).

VEHICLE #2 CENTER FRONT PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	9	Not applicable	Not applicable

VEHICLE #2 FRONT RIGHT PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	9	Not applicable	Not applicable

DISCUSSION

The vehicle inspection was performed by a private firm under contract to the case vehicle owner's insurance company. Their report and photographs were made available to this contractor, and the lead investigator for that firm was interviewed.

CASE VEHICLE DRIVER: According to the case vehicle's driver, immediately prior to the crash she was seated upright with her back against the seat back, her left foot on the floor, her right foot on the brake, and both hands on the steering wheel. According to the case vehicle's driver, her seat track was located in its middle position, and the case vehicle was not equipped with a tilt steering wheel. According to the driver's interview, she was also restrained by her available, active, three-point, lap and shoulder belt.

According to the Police Crash Report and the case vehicle's driver, she steered to the right attempting to avoid the crash. According to the case vehicle's driver, she also braked. As a result of these attempted avoidance maneuvers and the use of her available safety belts, she most likely moved slightly forward and to her left just prior to impact.

Based on occupant kinematic principles, when the case vehicle's front left corner impacted vehicle #2's left side, the case vehicle's driver most likely had little additional forward movement because of the narrow end engagement nature of the initial interaction. However, during this initial vehicle-to-vehicle interaction, the case vehicle's left "A"-pillar was directly contacted by the left side of vehicle #2 causing the driver's window glazing to shatter. As a result of the shattered glazing, the driver most likely sustained her medically reported bilateral hand and left facial lacerations.

Subsequently, based on occupant kinematic principles and the crash dynamics [i.e., the PDOF (Direction of Principal Force)]--as indicated in the Police Crash Report and shown on the available vehicle photographs, when the case vehicle's left front wheel engaged¹⁰ vehicle #2's left

¹⁰ The initial narrow end engagement and subsequent wheel interaction (i.e., similar to a sideswiping impact that starts on the side but results in pocketing) resulted in the air bag deploying late during the duration of the impact. This late deployment occurred due to the prolonged change in time [Delta T (i.e., ramp versus spike)] relative to the change in speed (Delta V).

DISCUSSION (CONTINUED)

rear wheel, this primary interaction with vehicle #2 not only deployed the driver's air bag but thrust the driver forward and slightly rightward (i.e., since the case vehicle began rotating counterclockwise around the restrained driver) loading the lap and torso portion of her safety belts and restricting her forward movement. The driver's safety belts most likely prevented her from sustaining any serious injuries when she contacted her air bag. Based on the driver's injuries, her deploying air bag struck her uniformly causing the reported facial and bilateral forearm abrasions and contusions. In addition, the driver's left knee most likely contacted the case vehicle's left dash.

As the case vehicle rotated counterclockwise, the driver most likely moved rightward toward the center of her vehicle; however, her movement was restricted by her safety belts. The case vehicle driver has no recollection of her posture at final rest, but because of her safety belts, she was most likely in her seat and similar to her pre-impact posture.

CASE VEHICLE FRONT RIGHT PASSENGER: According to the case vehicle's driver (i.e., mother), immediately prior to the crash the front right passenger was seated upright but leaning forward away from his seat back with his feet on the floor, and his neck was craning upwards trying to see out the windshield. The exact location of his arms is unknown. According to the case vehicle's driver, the front right passenger's seat track was located between its middle and rear-most position. According to the occupant's kinematics, his occupant's medical records, and the available photographs, he was not wearing his available, active, three-point, lap and shoulder belt.

FRONT RIGHT PASSENGER'S SAFETY BELT USAGE: The private firm's lead investigator concluded that the case vehicle's front right passenger was restrained by his safety belts. This contractor disagrees. The investigator's report of inspection includes a finding of wear marks at the edge of the front right passenger's safety belt "D"-ring (see **SELECTED PHOTOGRAPHS #33** and **#34**). The area of wear on the "D"-ring identified by the private reconstructionist does not exhibit the heavy marking that is characteristic of a stress loading event, but rather appears to be a simple wearing away of the "D"-ring's plastic coating resulting from frequent use. There was no evidence of plastic transfer or stress friction along the belt webbing in the area where it passes through the "D"-ring.

The photographs supplied by the private reconstructionist include a close-up view of the front right passenger's safety belt buckle tongue (see **SELECTED PHOTOGRAPH #36**). The photograph shows light wear consistent with frequent use, but no evidence of a loading event. Similarly, there was no abrading or other evidence of rapid disengagement as would be expected if the buckle was incompletely/incorrectly latched and came apart as a result of a loading event.

The private reconstructionist's report presents a finding of a crease in the front right passenger's safety belt webbing, near the sliding buckle assembly (see **SELECTED PHOTOGRAPHS #37** and **#38**). This crease was very narrow and well defined, and did not exhibit the stretching and abrading that is expected in a loading event.

The medical records do not include any mention of contusions or abrasions on the front right occupant's abdomen or hips, nor on his chest except in the region overlying the right clavicle.

DISCUSSION (CONTINUED)

The mortician who embalmed the body confirmed that there were no abrasions or contusions on the abdomen.

The front right occupant's head struck the windshield. The fractured windshield exhibits "*spider web*" cracking and is bulged outward (see **SELECTED PHOTOGRAPHS #31** and **#30**), which are characteristic of a head contact. In addition, several strands of the front right occupant's hair were embedded in the cracks (see **SELECTED PHOTOGRAPH #32**).

Based on the foregoing physical evidence and the technique of refuting competing hypotheses, this contractor concluded that the front right occupant was not wearing the available, manual, three-point, lap and shoulder, safety belt system. If he was restrained, his head could not have reached the windshield. A "*spooling-out*" malfunction of the safety belt locking mechanism would have including some loading of the belt which would have left some marks on the victim's abdomen and/or chest and would have left evidence on the belt webbing in the area of the "D"-ring. If the tongue of the buckle had improperly engaged the latch mechanism such that the victim (and his mother) thought that the safety belt was buckled, the rapid disengagement of the incompletely engaged tongue would have caused abrading or scraping on the tongue and/or latch, but there was no such marking.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and steering rightward) and the nonuse of his available safety belts, the front right passenger, who was leaning forward and craning his neck upwards to see out the windshield, most likely moved further forward and to his left just prior to impact.

Based on occupant kinematic principles, when the case vehicle's front left corner impacted vehicle #2's left side, the case vehicle's front right passenger, once again, moved further forward and slightly leftward toward the case vehicle's right dash because of his relatively light weight [24 kg (54 lbs)], despite the low decelerative nature of the initial interaction.

Subsequently, based on occupant kinematic principles and the crash dynamics [i.e., the PDOF (Direction of Principal Force)]--as indicated in the Police Crash Report and shown on the available vehicle photographs, when the case vehicle's left front wheel engaged¹¹ vehicle #2's left rear wheel, this primary interaction with vehicle #2 not only deployed the front right passenger air bag, but thrust the front right passenger forward and upward toward the front right air bag module. In this contractor's opinion, at the time of deployment, the front right passenger was either very near or directly over the front right air bag module with his head tilted backwards and his face turned slightly toward the left. Based on this occupant's medically reported injuries, the thrust of the air bag contacted the front right passenger in the anterior neck area. Because the front right passenger was also moving forward at the time of deployment, the air bag most likely lifted this occupant upward and forward as it deployed causing him to impact the front right windshield; see **SELECTED PHOTOGRAPHS #16, #25, #26, and #30 through #32**.

¹¹ The initial narrow end engagement and subsequent wheel interaction (i.e., similar to a sideswiping impact that starts on the side but results in pocketing) resulted in the air bag deploying late during the duration of the impact. This late deployment occurred due to the prolonged change in time [Delta T (i.e., ramp versus spike)] relative to the change in speed (Delta V).

DISCUSSION (CONTINUED)

This contractor's description of the anatomical location of the air bag's thrust best corresponds with the front right passenger's medically reported injuries because of the severe cervical spine [i.e., severed upper spinal cord with fracture and dislocations], brain (i.e., nonanatomic injury, cerebral and cerebellar edema, and subarachnoid hemorrhage), and anterior neck lesions (i.e., severe abrasions¹² and contusions). In this contractor's opinion, as the air bag was deploying, the front right passenger's spine and upper torso were pushed backwards while his head was lifted upwards and forward, thus resulting in the medically noted anterior displacement between the head and spine and the bilateral fracture and dislocation that occurred to his temporomandibular areas. In addition, the front right passenger's other injuries are also consistent with this air bag-anatomical interaction (i.e., right upper arm, shoulder¹³, face, and ear abrasions, and lip contusion). The driver's reported restraint usage for this occupant (i.e., using his three-point lap and shoulder belt) is inconsistent with the windshield contact, the anterior displacement of his head relative to his spine, and the absence of integumentary injuries to the front right passenger's central face, eyes, and forehead.

As the case vehicle rotated counterclockwise, the front right passenger most likely moved rightward toward the right front door and side of the case vehicle. The case vehicle's driver has no recollection of the front right passenger's posture at final rest, except that he was in the front right seating area.

CASE VEHICLE REAR RIGHT PASSENGER: According to the case vehicle's driver (i.e., mother), immediately prior to the crash the rear right passenger was seated¹⁴ in her child safety seat and was also restrained by her available, active, three-point, lap and shoulder belt. Because the case vehicle's driver was looking forward at the time of the crash, there is no exact evidence pertaining to this occupant's movements during or post-crash. However, because of her secured position, the rear right occupant most likely moved forward loading her child safety seat's harness and shield and safety belts during the impact. Similarly, she most likely moved rightward (because of the counterclockwise rotation) and then rearward, toward the back of her child seat, after the impact. According to the case vehicle's driver, the rear right passenger was helped out of her child seat after the crash and transported to the hospital for examination.

¹² The medically reported anterior neck abrasions were horizontal and were moving upward. If this lesion had been caused by a torso belt, then one would expect the abrasions to move more toward the diagonal and downward.

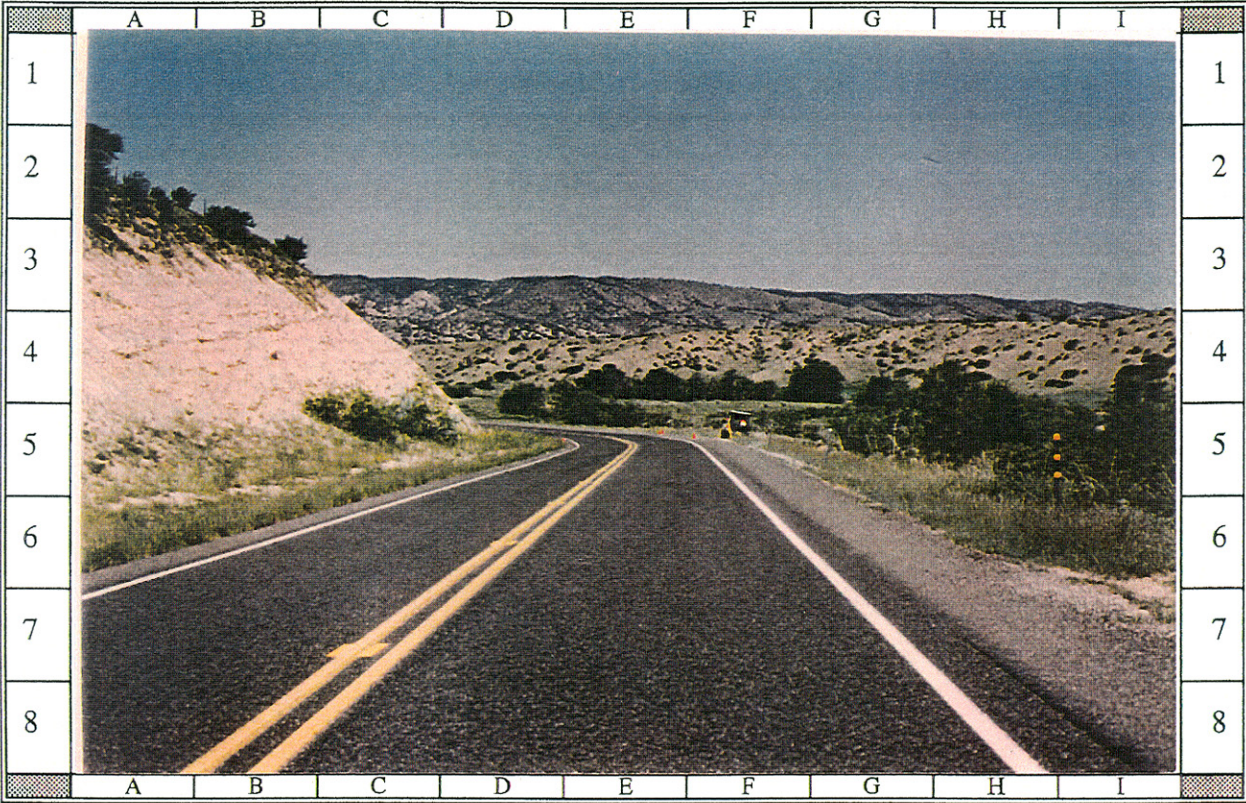
¹³ The abrasion found on the front right passenger's right shoulder was a horizontal abrasion rather than a diagonal abrasion that as would be expected from torso belt usage.

¹⁴ According to the case vehicle's driver, the rear right passenger was asleep at the time of the crash, but because of the child seat's high, surrounding seat back, her head was essentially straight ahead.

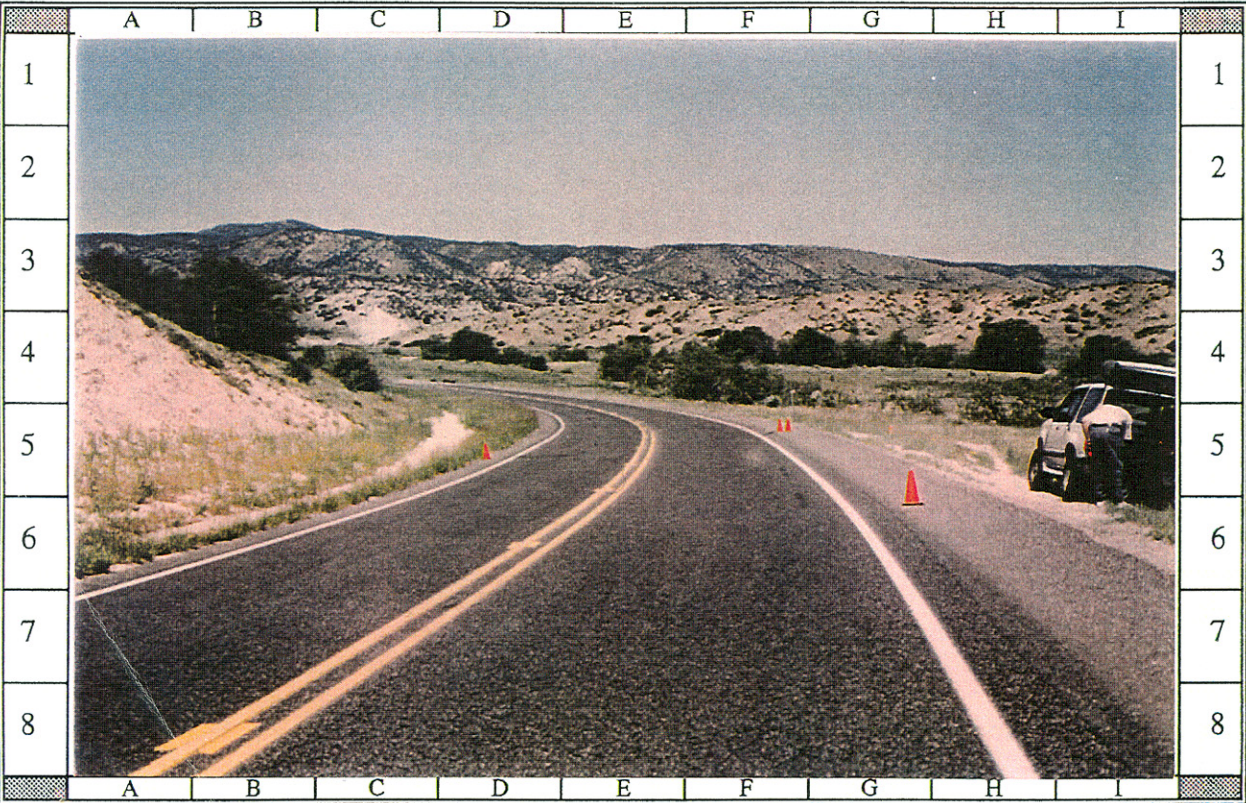
Appendix A:

SELECTED PHOTOGRAPHS

A total of thirty-eight color copies of photographs are presented and referenced as Photograph #01 through Photograph #38. Photographs numbered #06, #12, and #14 were taken and made available by the New Mexico State Police. The remainder of these photographs were taken and made available by the Reconstruction Firm hired by the Case Vehicle's Insurance Company.



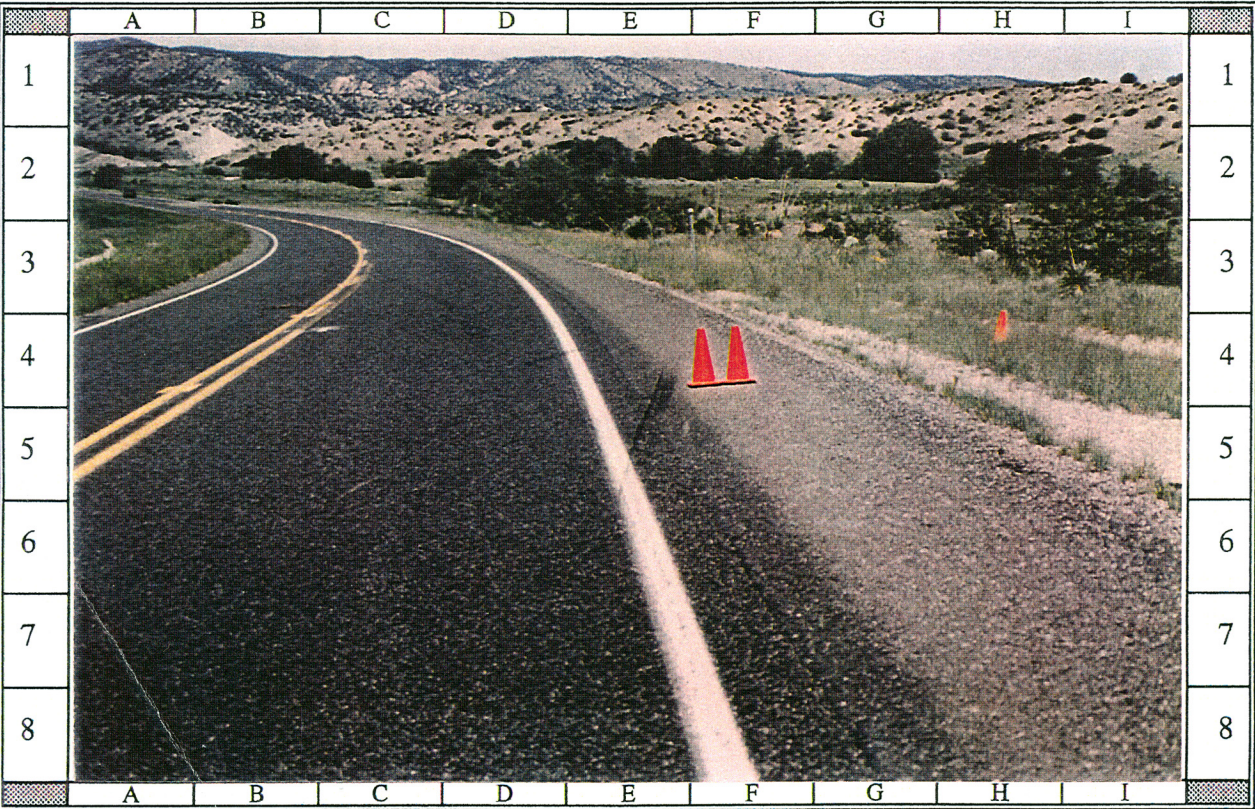
01: Case Vehicle's northwest downhill travel path from westbound lane approximately 60 meters (197 feet) east of impact in curve near orange cones (i.e., cell F5)



02: Case Vehicle's westward downhill travel path entering left curve approximately 25 meters (82 feet) east of impact; NOTE: beginning of right front skid (cell F5)



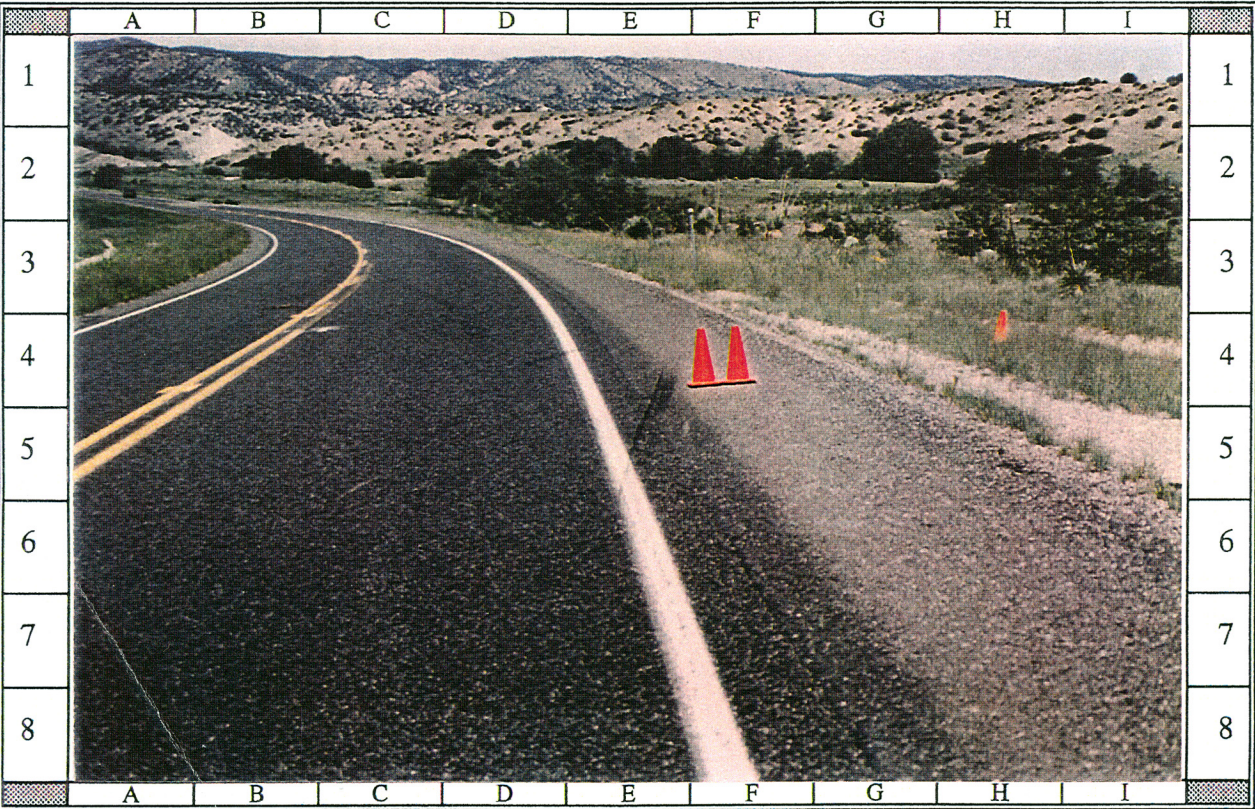
03: Skidmark from Case Vehicle's right front tire along westward downhill travel path approximately 15 meters (49 feet) east of impact (cell D5) in westbound lane



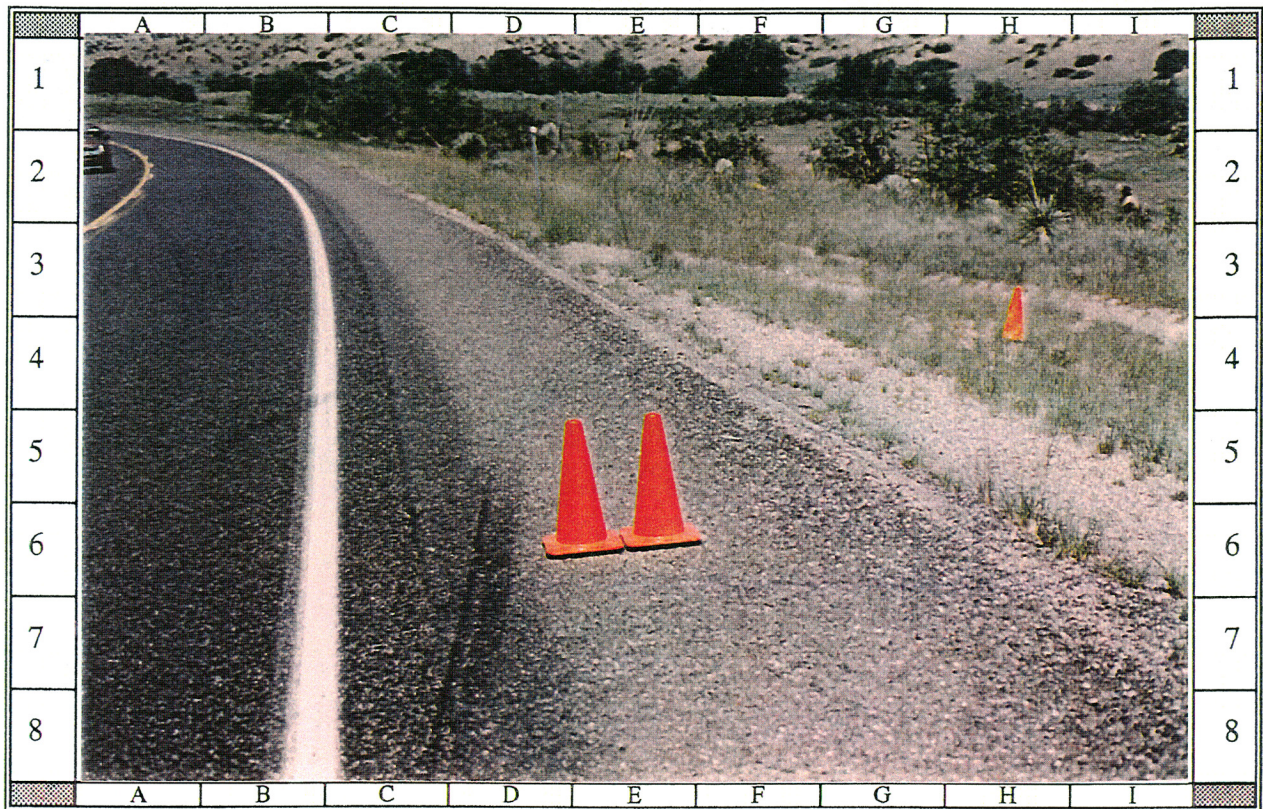
04: Skidmark from Case Vehicle's right front tire crossing roadway's north edgeline; NOTE: Case Vehicle's left front tire (cells D4--E4) and final rest (cell H4)



03: Skidmark from Case Vehicle's right front tire along westward downhill travel path approximately 15 meters (49 feet) east of impact (cell D5) in westbound lane



04: Skidmark from Case Vehicle's right front tire crossing roadway's north edgeline;
NOTE: Case Vehicle's left front tire (cells D4--E4) and final rest (cell H4)



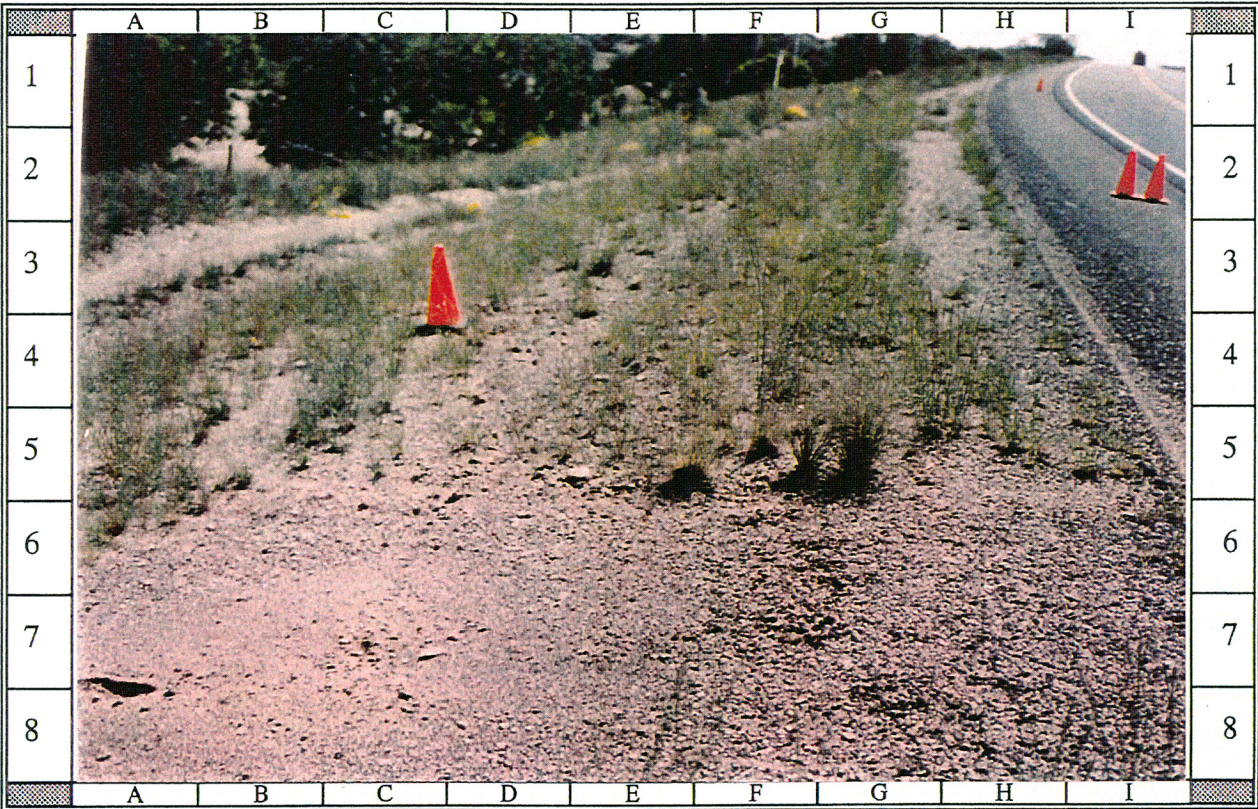
05: Case Vehicle's final rest (cell H4) and right (cells D5--C8) and left (cells B4--B5) front tire marks near impact; NOTE: Vehicle #2's tire mark (cells A2--A4)



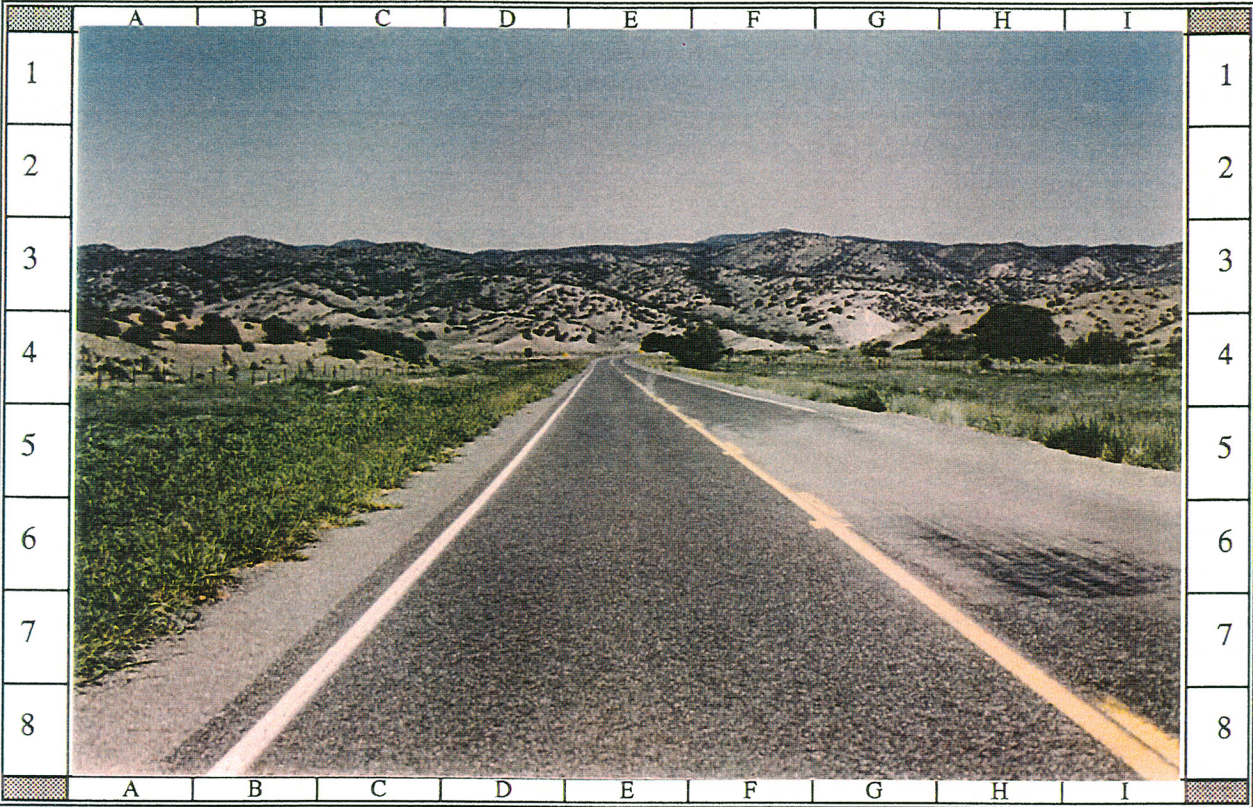
06: On scene westward view of Case Vehicle's final rest position and south-southeast heading on north roadside



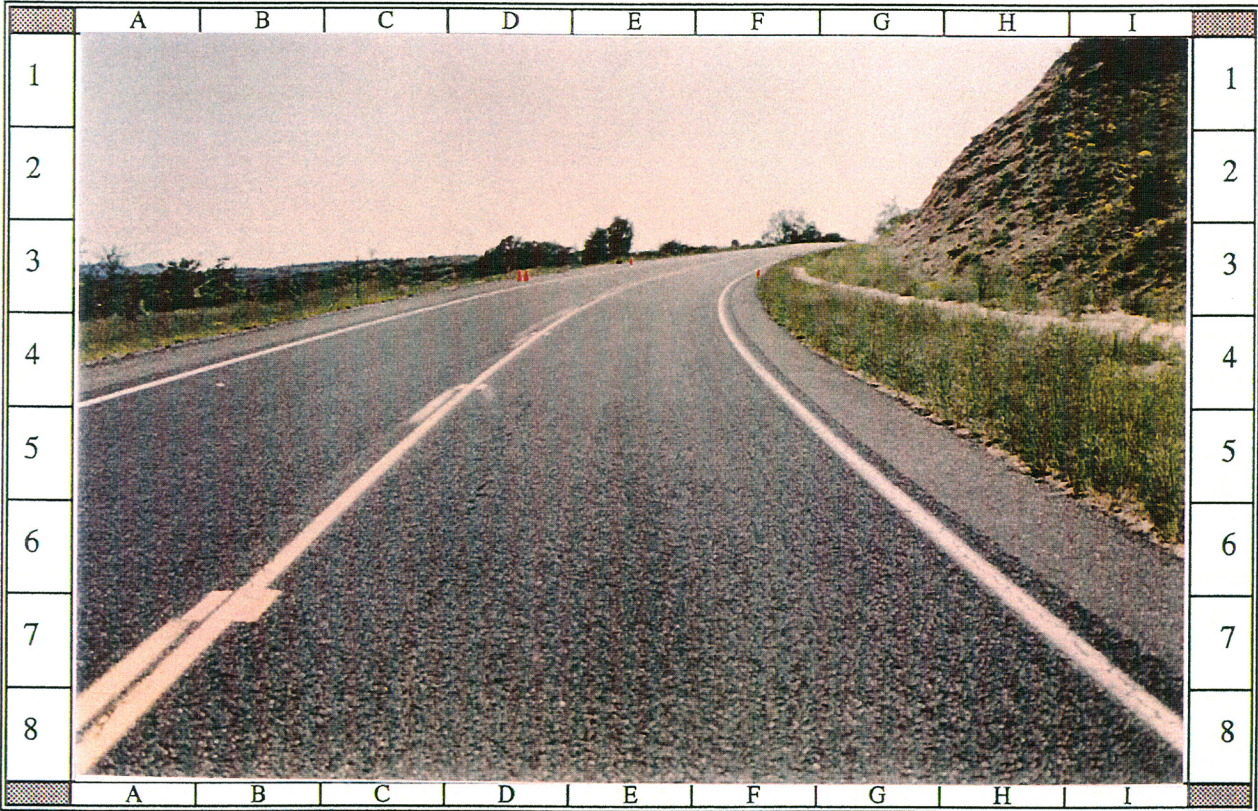
07: Close-up of fluid spill from Case Vehicle's final rest area on north roadside



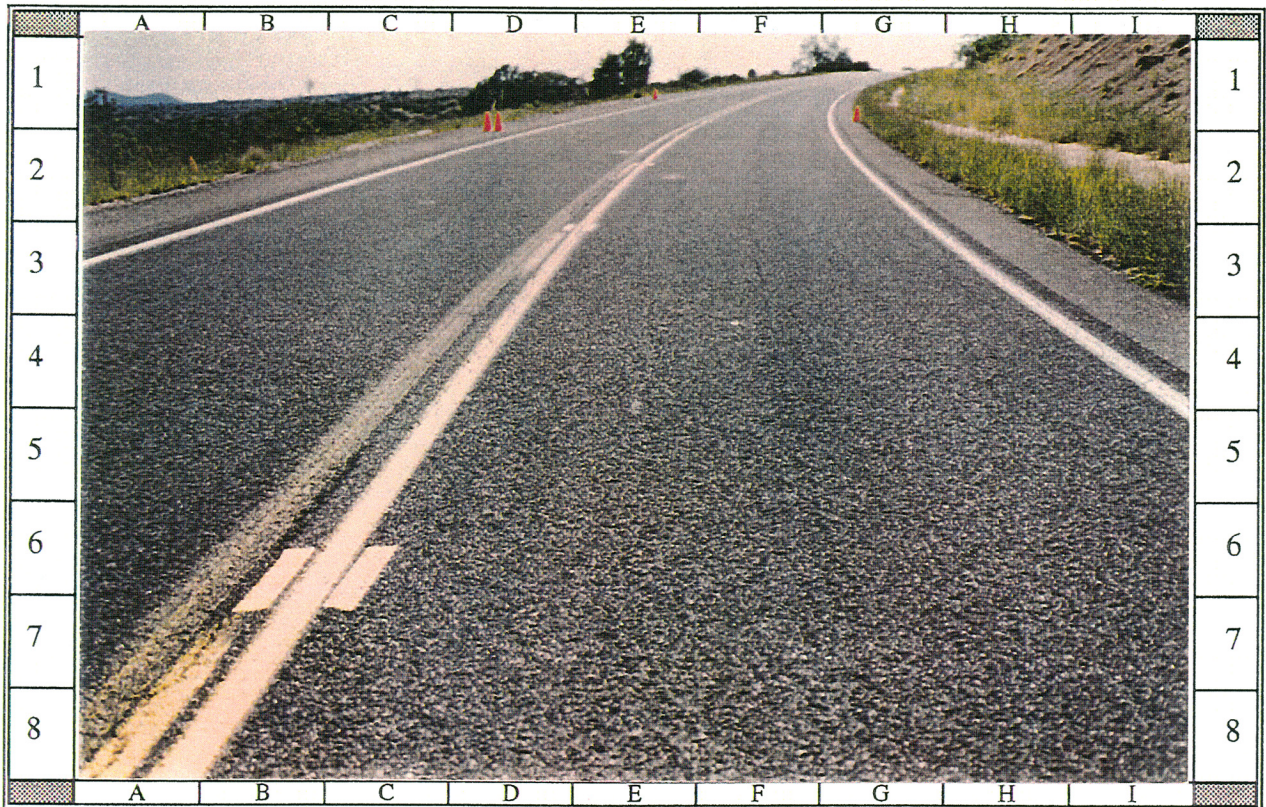
08: Eastward view of Case Vehicle's westward downhill approach path in left curve from north roadside west of impact and final rest



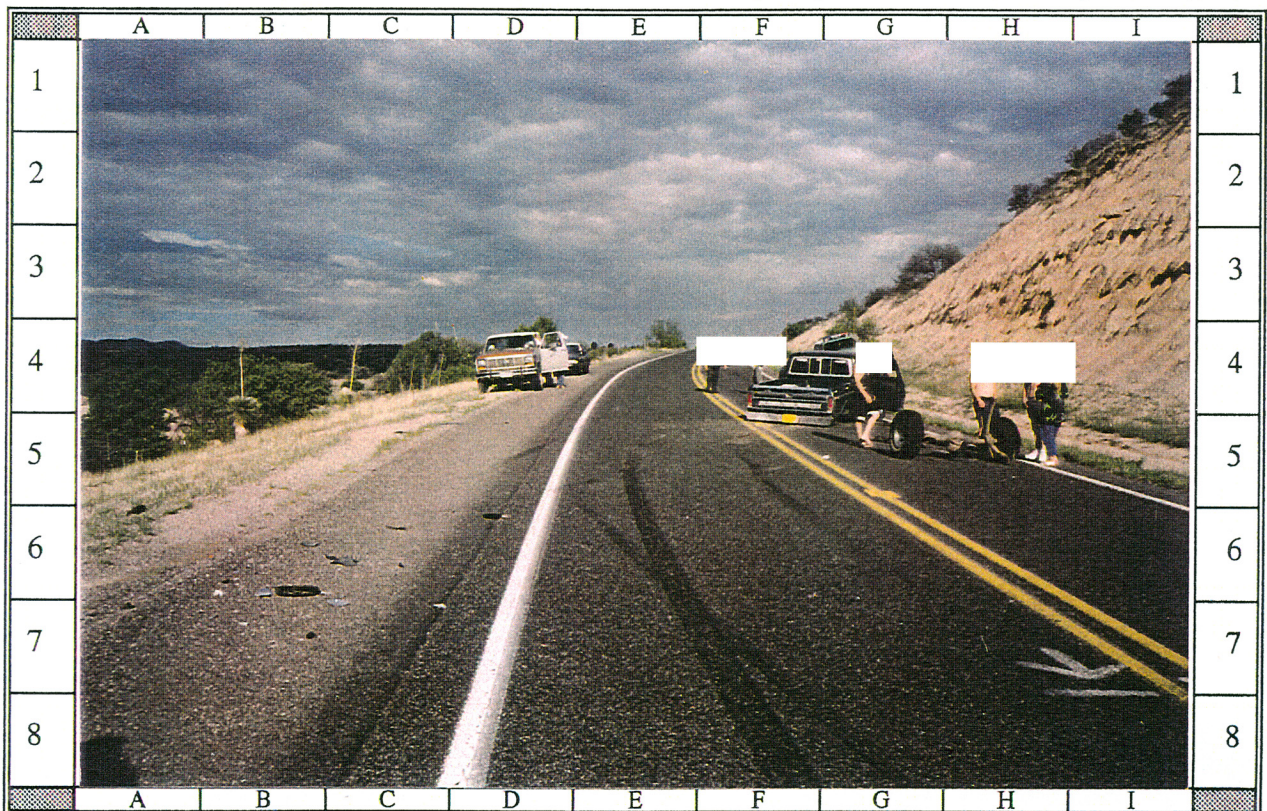
09: Southwestward view of Vehicle #2's northeastward travel path just prior to right curve, west of impact; NOTE: signs (cells D4,F4)--see photograph #13 below



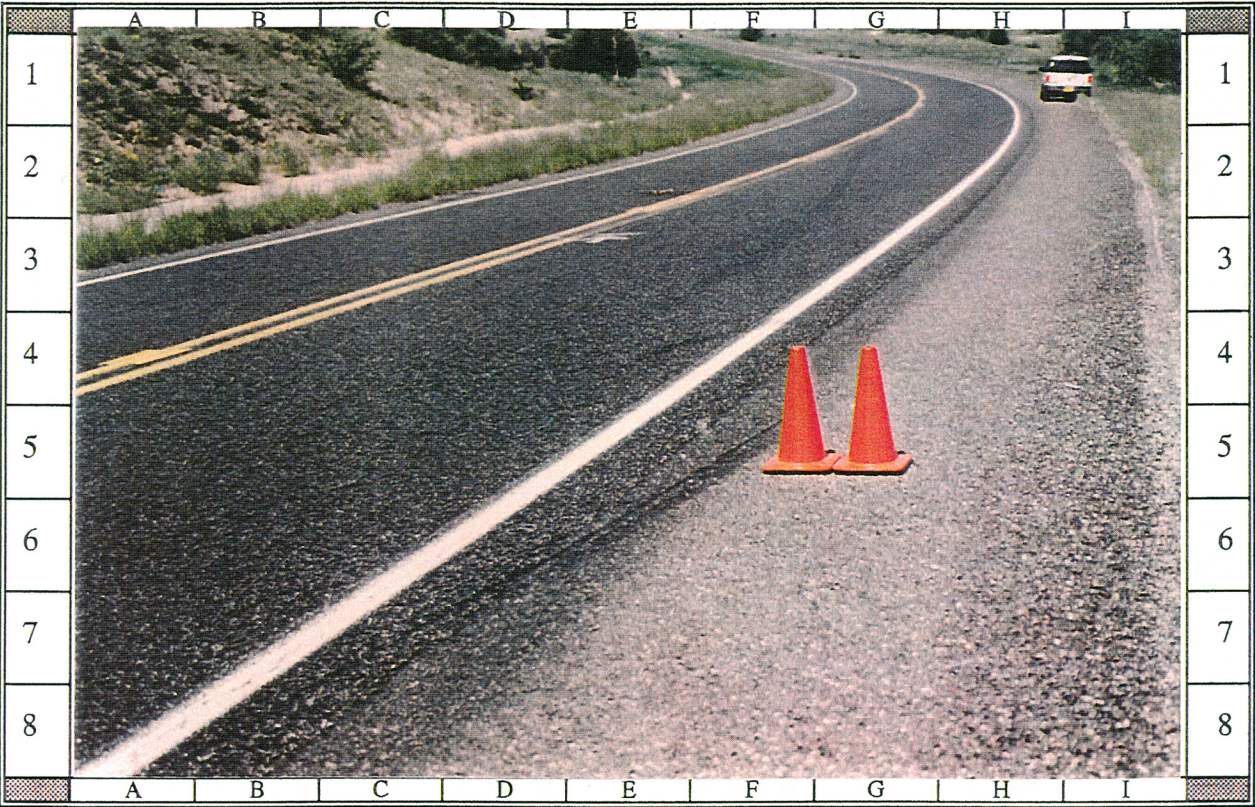
10: Vehicle #2's northeastward uphill travel path entering right curve from eastbound lane approximately 40 meters (131 feet) west of impact



11: Vehicle #2's east-northeastward uphill travel path in right curve from eastbound lane approximately 20 meters (66 feet) west of impact (~ double orange cones)



12: On scene eastward view from westbound lane of approximate point of impact in westbound lane showing Vehicle #2's curved scuffs to impact and final rest



13: Southwestward view of Vehicle #2's uphill approach path from north shoulder just beyond impact; NOTE: Vehicle #2's left front skidmark (cells G2--E3)



14: On scene southwestward view of Vehicle #2's final rest position in eastbound lane showing rear axle and wheels which were torn from underneath during impact

CASE NUMBER IN9624

MISSING PHOTOGRAPHS

THE FOLLOWING PHOTOGRAPHS ARE NOT INCLUDED IN THIS CASE:

PHOTO NUMBER(S)

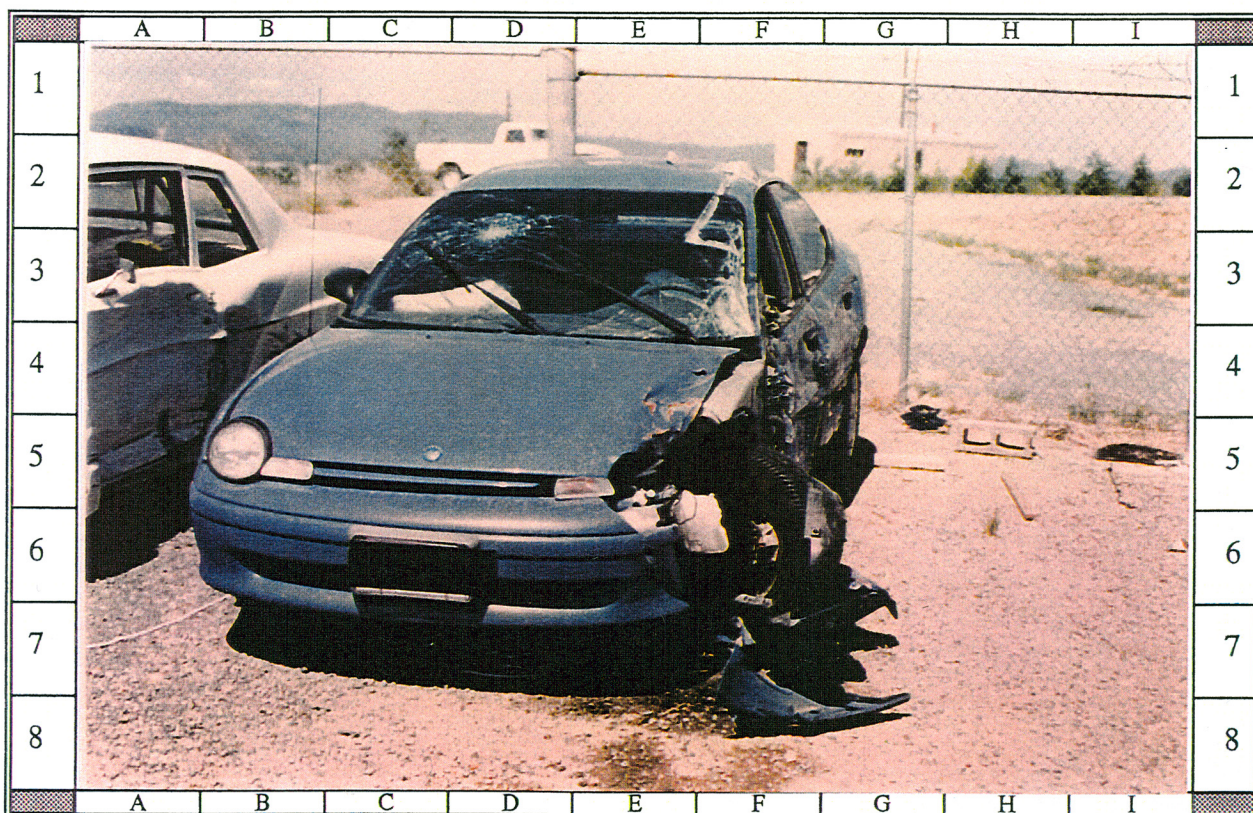
15, 16

PAGE NUMBER(S)

28

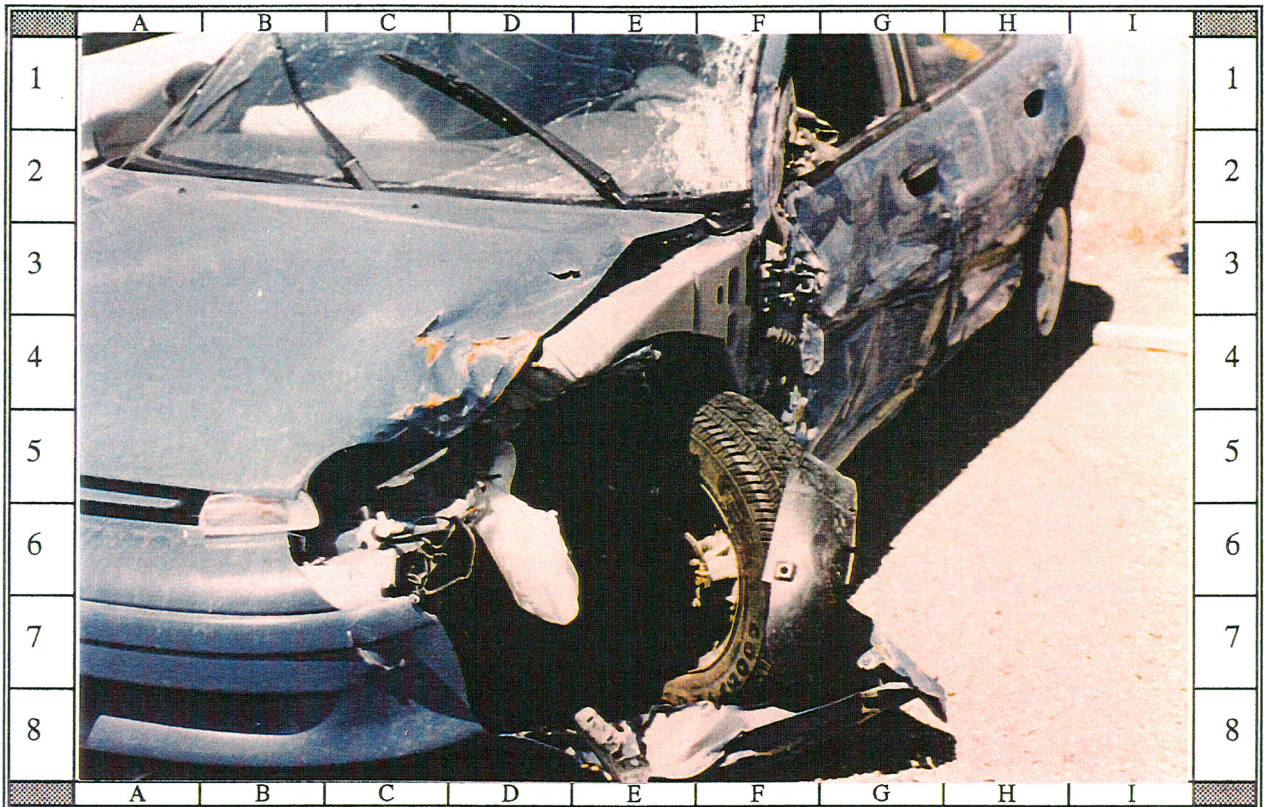


17: Reference line view of Case Vehicle's left side from front showing direct damage to left side, left "A"-pillar, and left front wheel which has been torn loose

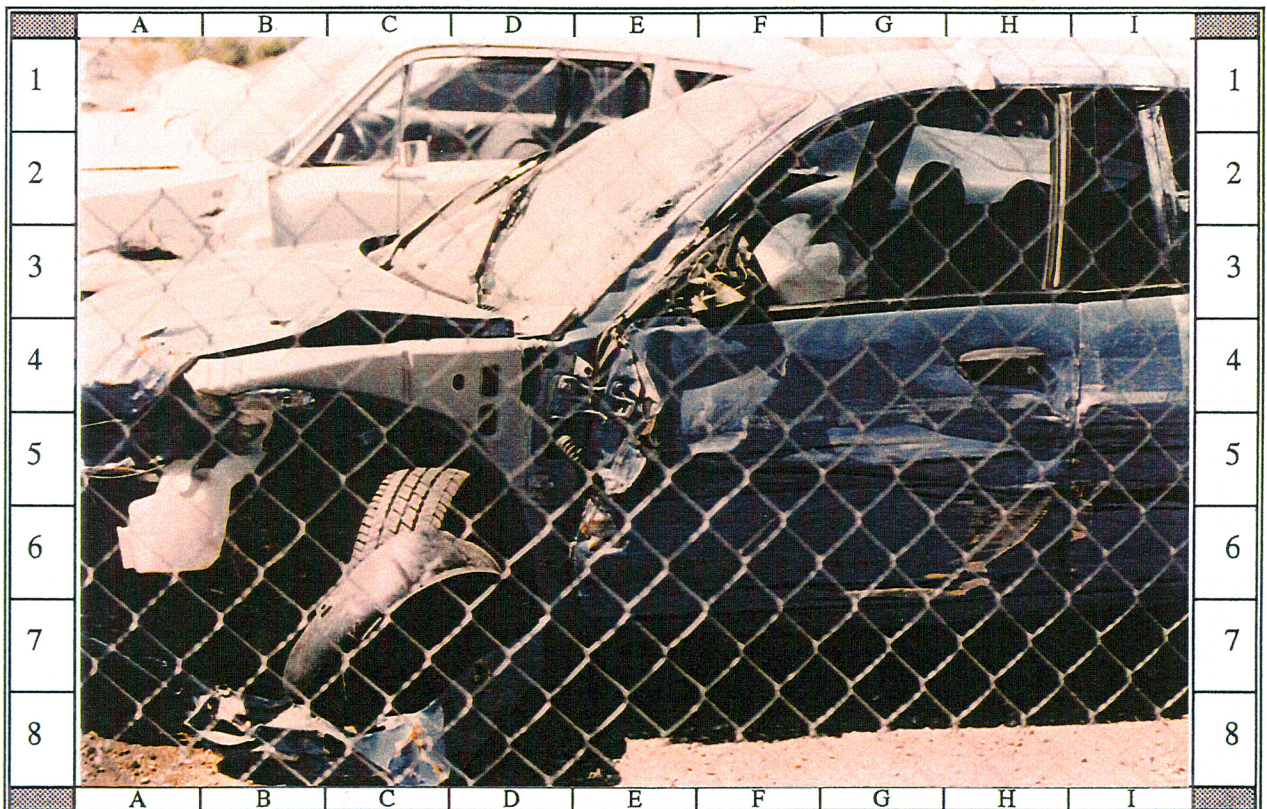


18: Case Vehicle's damaged front left corner and left side viewed from approximately 15 degrees left of front

Case Vehicle: 1996 Plymouth Neon, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (122 in³) I-4 SMPFI



19: Closer-up view of Case Vehicle's damaged front left corner, left side, and broken left front wheel viewed from approximately 30 degrees left of front



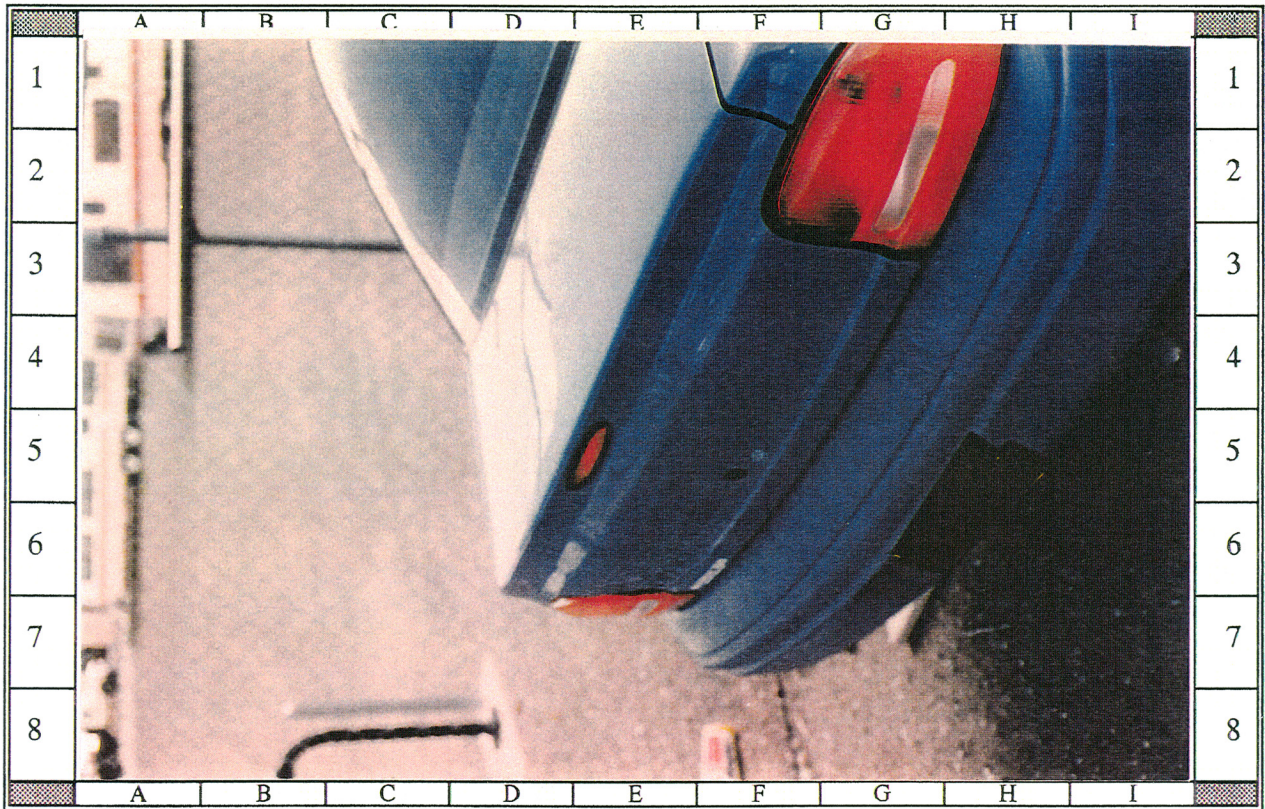
20: Case Vehicle's damaged left fender, "A"-pillar, and left front door viewed from left



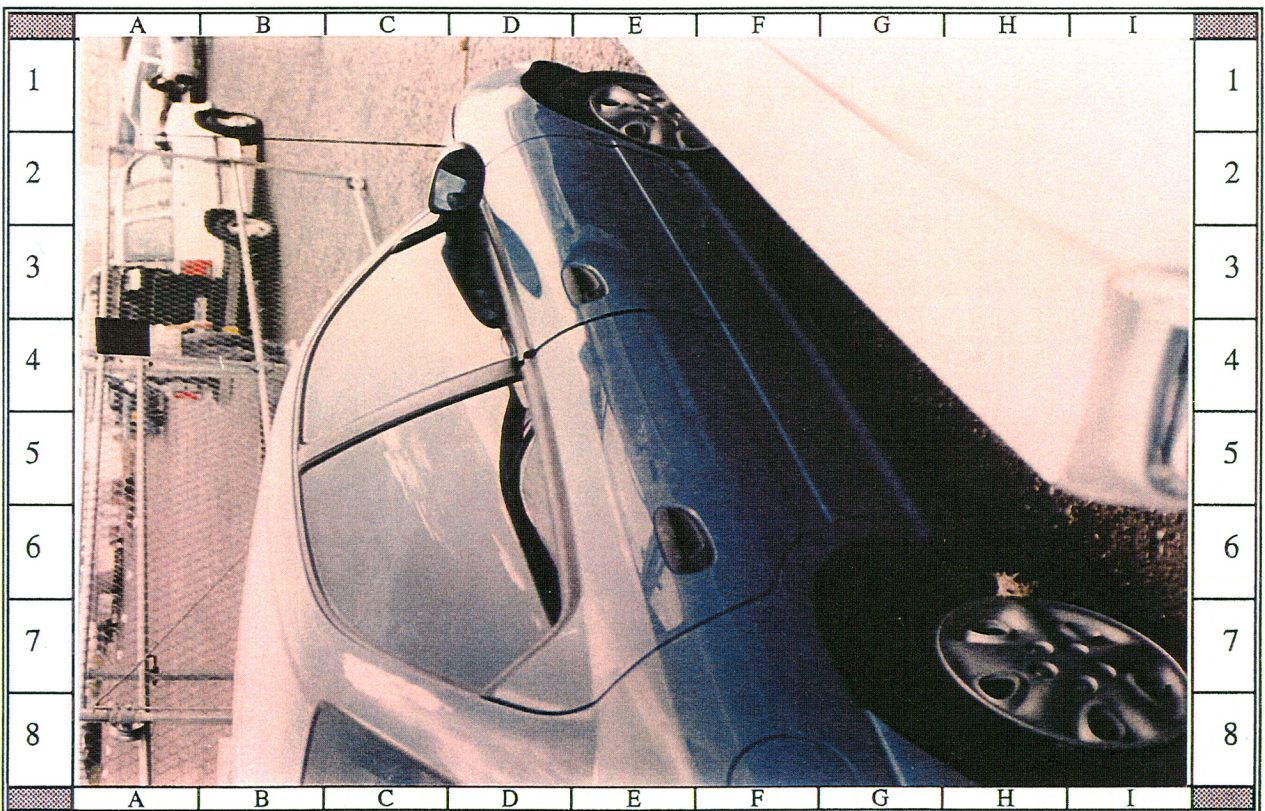
21: Case Vehicle’s damaged left rear door and quarter panel viewed from left



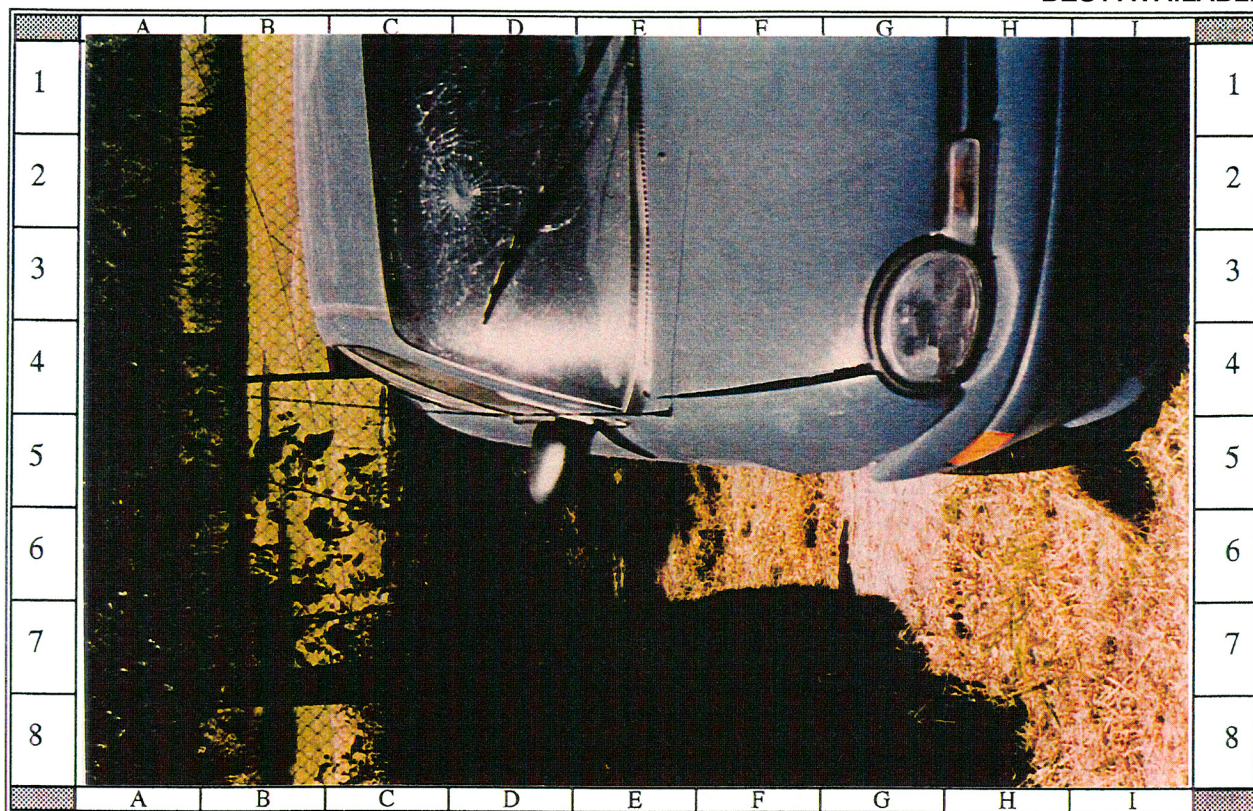
22: Case Vehicle’s undamaged back viewed from approximately 75 degrees left of back



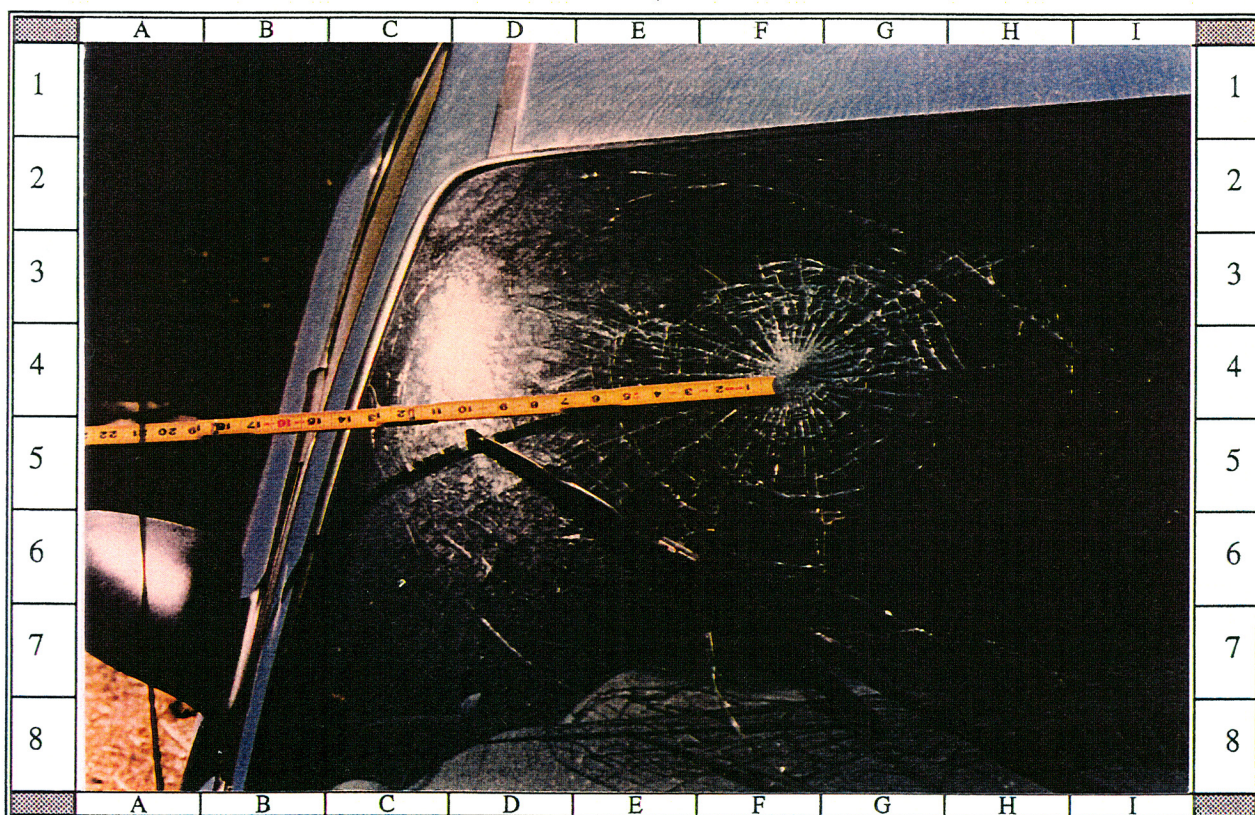
23: Case Vehicle's undamaged back viewed from approximately 75 degrees right of back



24: Case Vehicle's undamaged right side viewed from approximately 60 degrees right of back



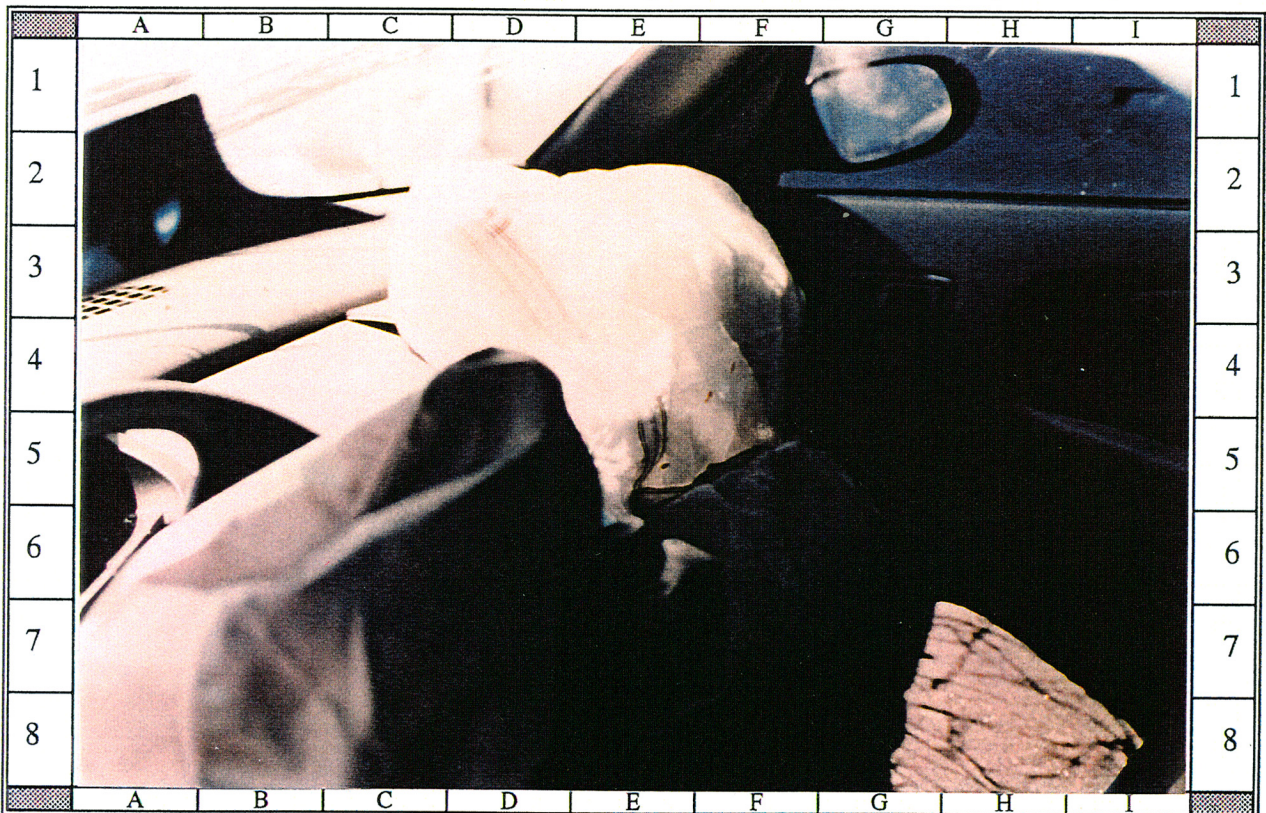
25: Reference line view of Case Vehicle's right side from front showing undamaged right side and spiderweb contact to right windshield area



26: Close-up from front of spiderweb contact to Case Vehicle's right windshield area



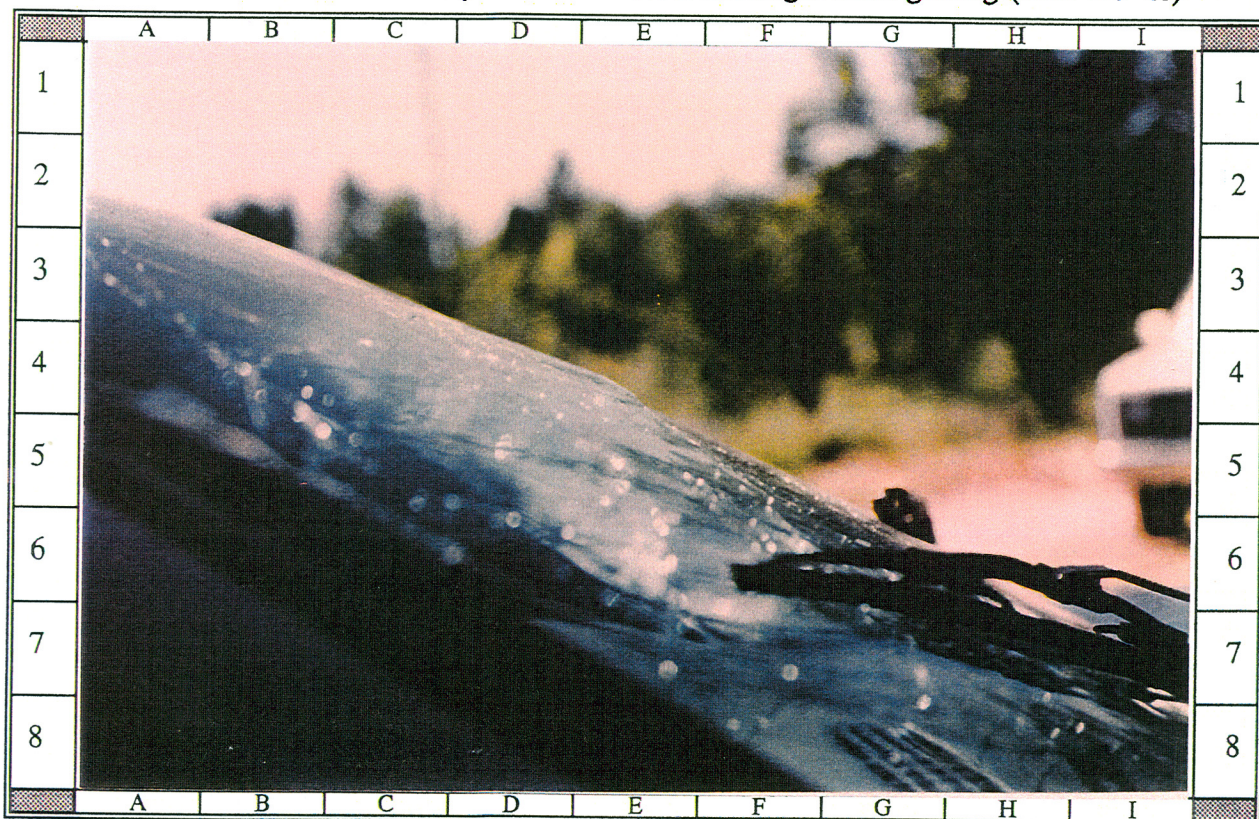
27: Case Vehicle's deployed driver side air bag; NOTE: integral front head restraints and adjustable right front upper safety belt anchorage at lowest position



28: Closer-up view of Case Vehicle's deployed driver and right front air bags viewed from left "B"-pillar area



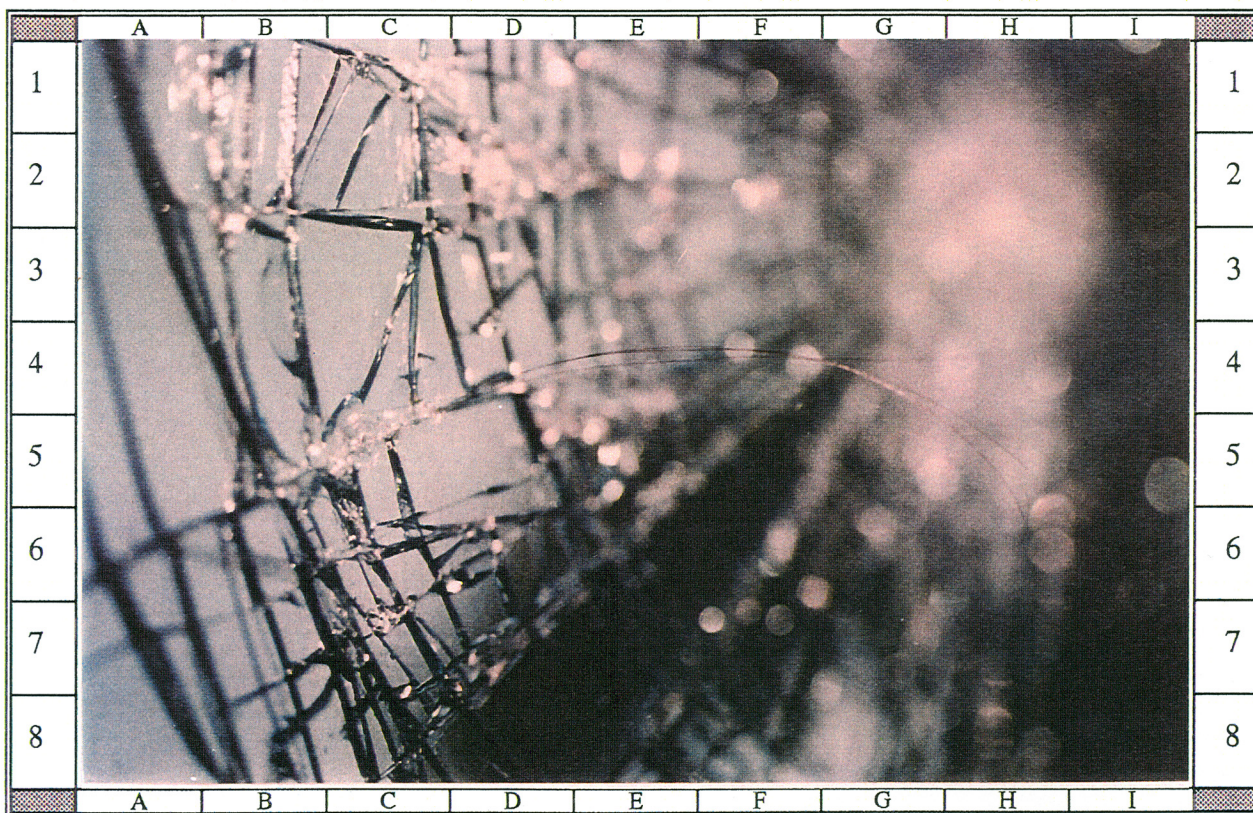
29: Case Vehicle's deployed right front air bag viewed from opened right front door;
NOTE: buckled safety belt and reflection in right front glazing (cells D8--I6)



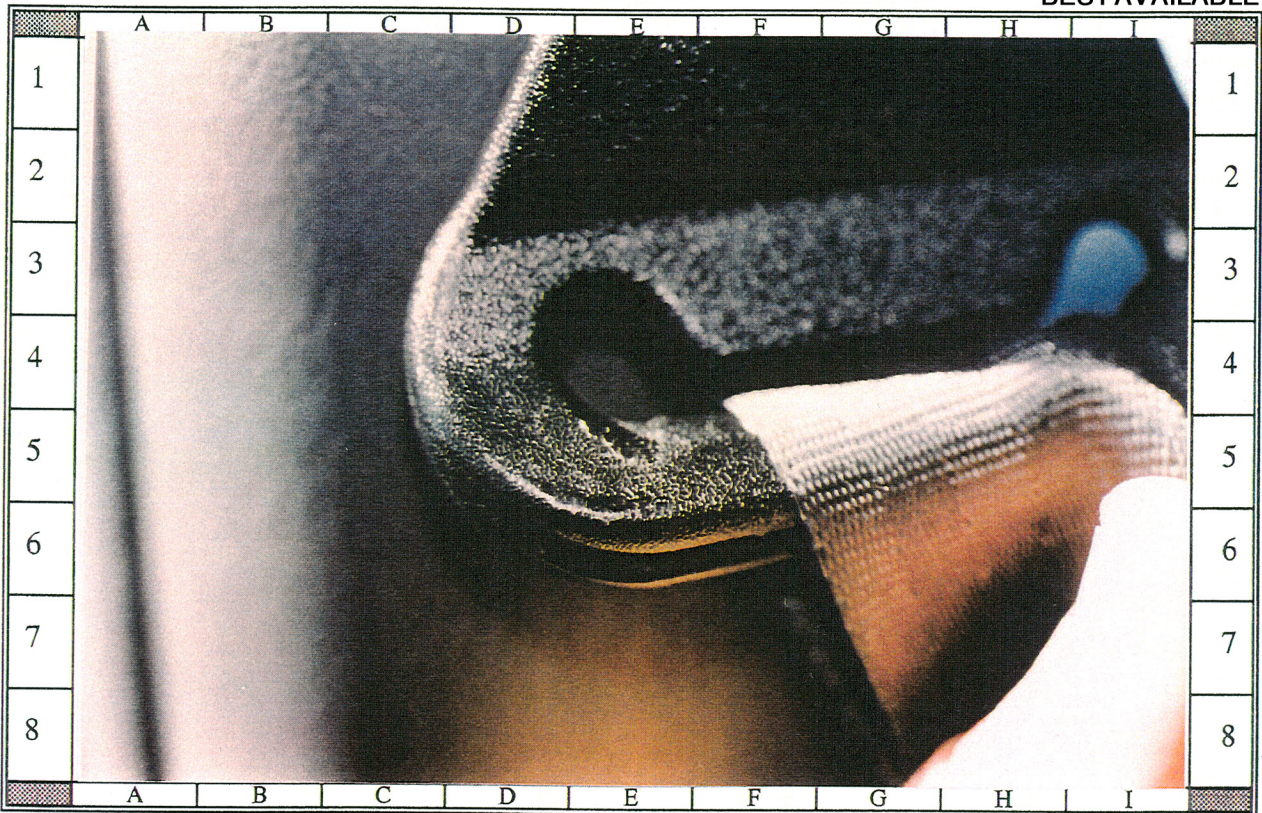
30: Case Vehicle's windshield viewed from right showing bulged area on right from contact by right front passenger



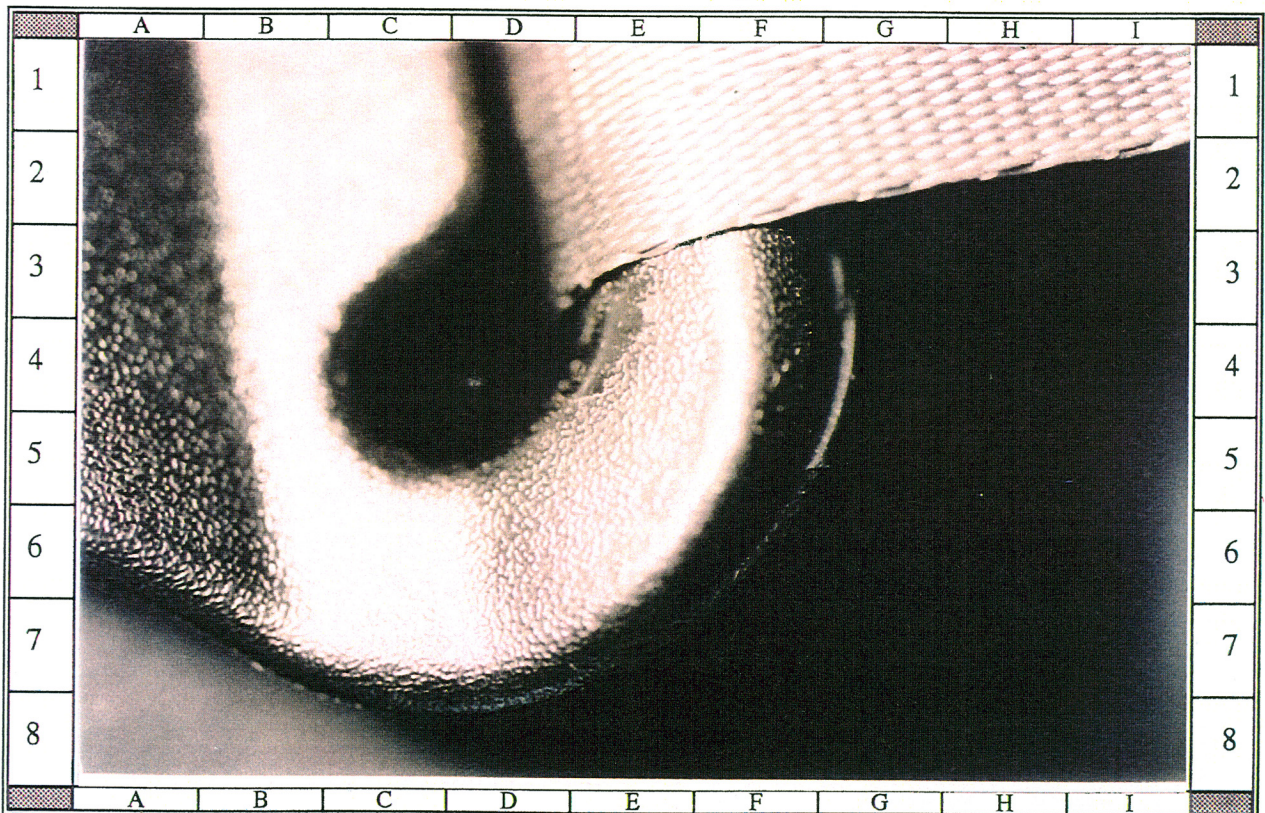
31: Spiderweb contact to Case Vehicle's right front windshield from contact by right front passenger



32: Close-up of hair strands embedded in spiderweb contact to Case Vehicle's right front windshield; NOTE: hair from head of right front passenger

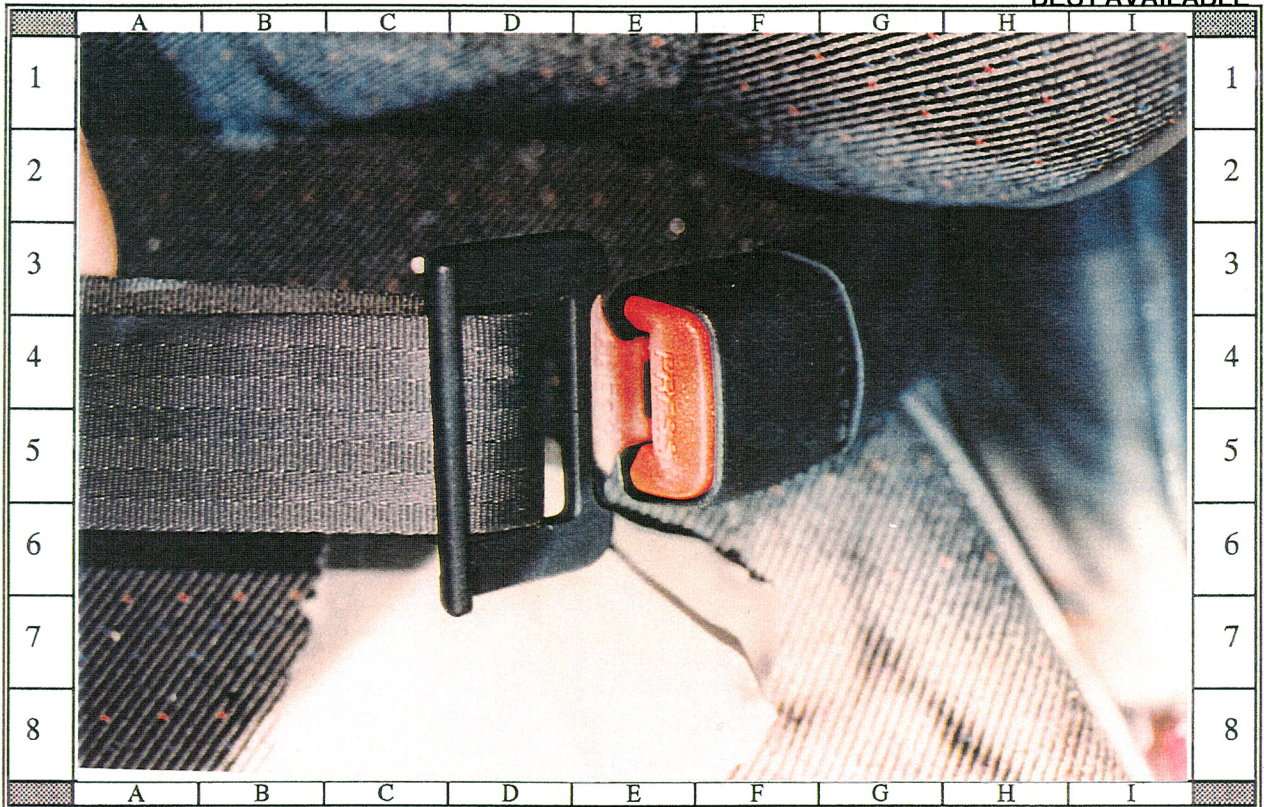


33: Close-up of "D" ring from Case Vehicle's right front safety belt; NOTE: webbing pulled back showing absence of loading marks

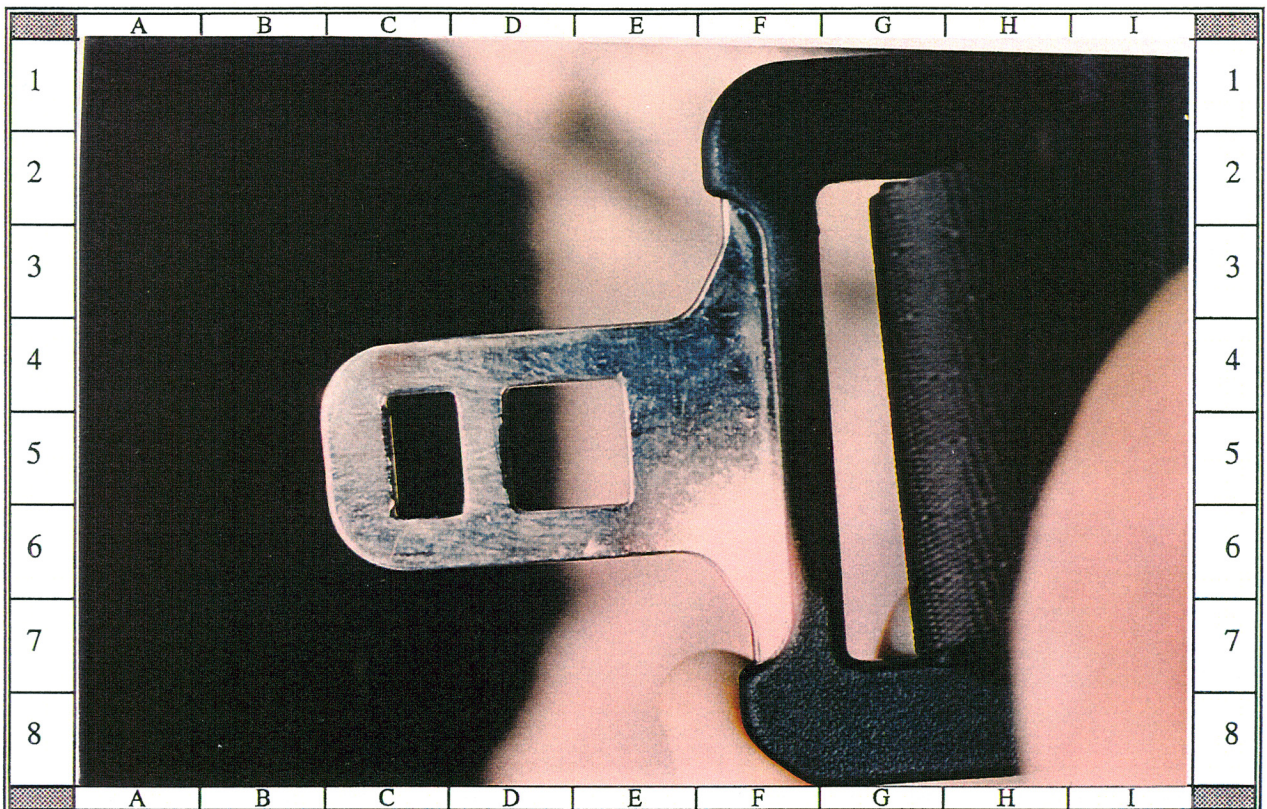


34: Closest-up view of "D" ring from Case Vehicle's right front safety belt showing normal wear to front portion of "D" ring as opposed to evidence of loading

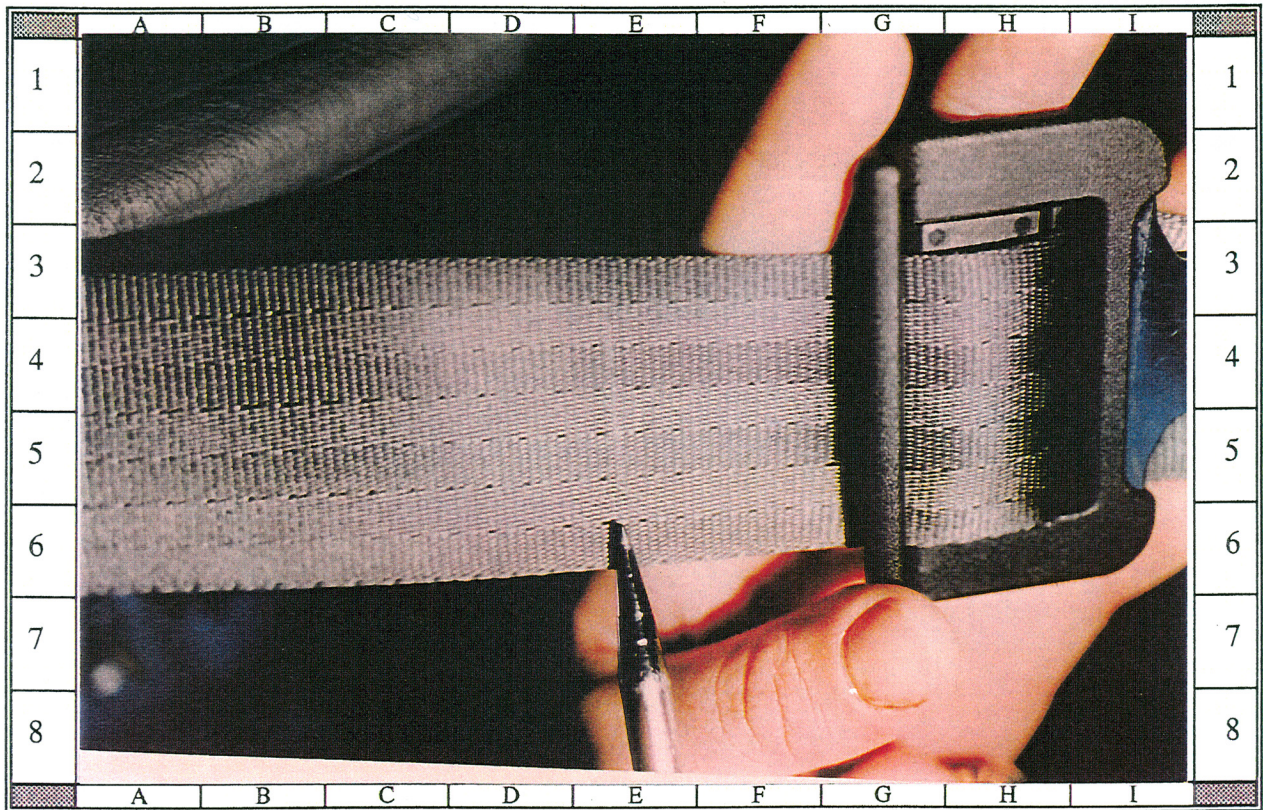
BEST AVAILABLE



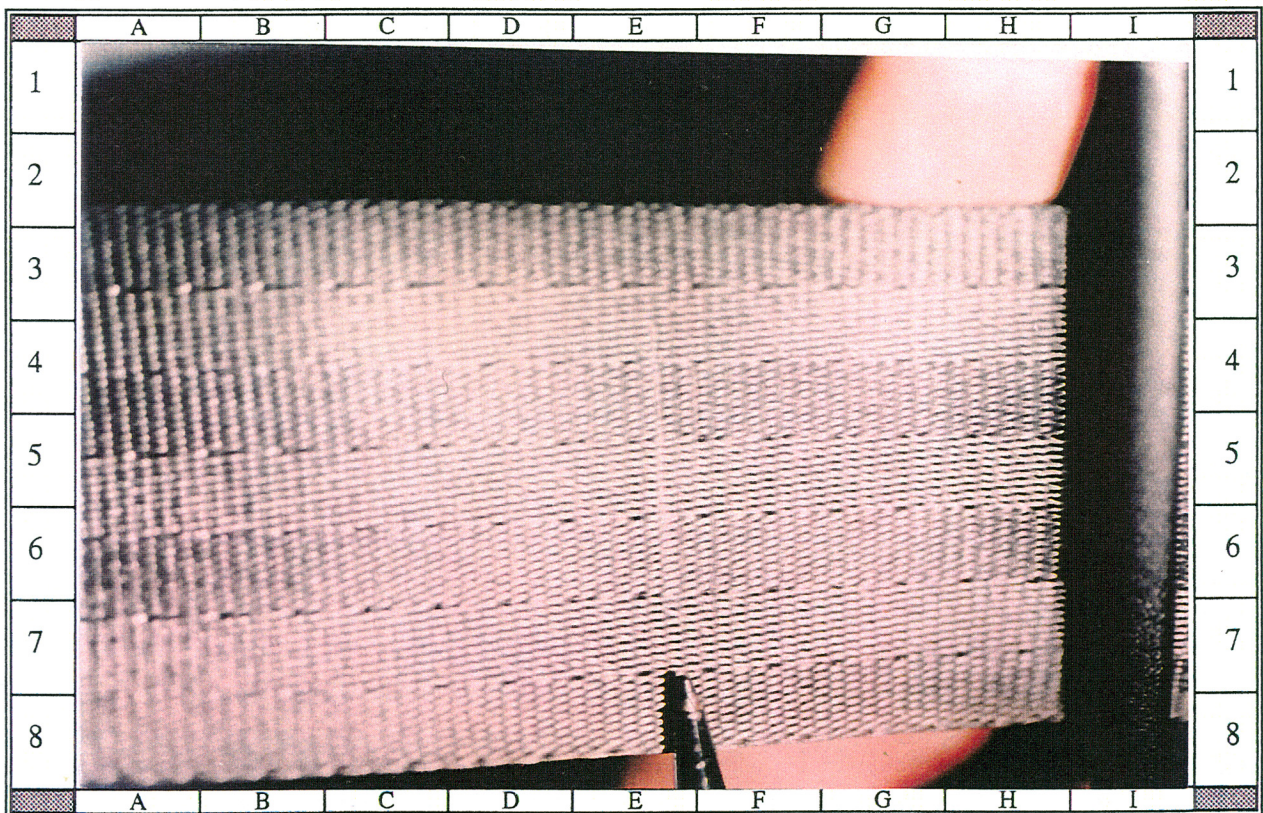
35: Latch plate and buckle from Case Vehicle's right front safety belt viewed from front and above



36: Close-up of latch plate from Case Vehicle's right front safety belt showing evidence of usage but no clear evidence of loading



37: Crease in Case Vehicle's right front safety belt shown near latch plate mechanism; NOTE: crease does not indicate evidence of loading



38: Close-up of crease in Case Vehicle's right front safety belt shown near latch plate mechanism; NOTE: crease does not indicate evidence of loading

TRANSPORTATION RESEARCH CENTER

Indiana University

[REDACTED] Indiana [REDACTED]

REMOTE AIR BAG REPORT

NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-24

FLEET - PRIVATE VEHICLE

LOCATION - NEW MEXICO

ACCIDENT DATE - [REDACTED] 1996

Submitted By:

[REDACTED]
Associate Scientist

and

[REDACTED]
Associate Scientist

[REDACTED] 1997

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

POLICE ACCIDENT REPORT

INVESTIGATION
SH 10074
REVISED
1992

STATE POLICE

REPORTING DEPARTMENT

☐ ON
PRIVATE
PROPERTY

☒ FATAL

☐ INJURY

PROPERTY
DAMAGE
ONLY

☐ UNDER \$500
☐ \$500 OR MORE

☐ HIT AND RUN

STATE OF NEW MEXICO
UNIFORM ACCIDENT REPORT

DATE OF ACCIDENT MO. 12/96		Military Time 1730		CITY OCCURRED IN None		COUNTY None		SHEET 1 OF 4 SHEETS									
SUN <input checked="" type="checkbox"/>		M <input type="checkbox"/>		T <input type="checkbox"/>		W <input type="checkbox"/>		TH <input type="checkbox"/>		F <input type="checkbox"/>		SAT <input type="checkbox"/>		OCCURRED ON: ROUTE NO. & NAME None		AT INTERSECTION WITH: None	
OTHER <input type="checkbox"/> FEET		PERMANENT LANDMARK—COUNTY LINE—INTERSECTION										FOR USE BY ORIGINATOR					
LOCATION <input checked="" type="checkbox"/> MILES		N		S		E		W		None							
MILEPOST <input type="checkbox"/> FEET																	
LOCATION <input checked="" type="checkbox"/> MILES		N		S		E		W		None		OF MILEPOST NO.					
ACCIDENT OCCURRED <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		ACCIDENT CLASSIFICATION <input type="checkbox"/> Overturned <input type="checkbox"/> Other N-Col <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Other Vehicle <input type="checkbox"/> Vehicle On Other Rdwy		<input type="checkbox"/> Parked Veh.		<input type="checkbox"/> R.R. Train		<input type="checkbox"/> Pedalcyclist		<input type="checkbox"/> Animal		<input type="checkbox"/> Fixed Object		<input type="checkbox"/> Other Object			
VEHICLE NO. 1 HEADED		N		S		E		W		ON U.S. Highway		Posted Speed 55 MPH		Safe Speed 55 MPH			
Driver's Full Name		(36)		Address		None		NM		Zip Code		None		Phone		None	
Driver License Number		None		State		NM		Type		D		Restrictions		None		Expires	
Social Security Num.		None		Occupation		Medical Assistant		Seat		Belt		Helmet		Age		Sex	
LR		CF		7		OTHER		3		No		36		F		B-1	
RF		None		Occupant's Name		Occupant's Address/Zip Code		3		No		6		M		K-3	
LR		None		Box 1		NM		8A		No		2		F		B-1	
Vehicle Yr.		96		Vehicle Make		Plymouth		Color		Blue		Body Style		4T		Removed To:	
License Yr.		2-97		State		NM		License Number		875CZD		US DOT/ICC/SCC Numbers		-		VIN	
Owner's Name		None		Owner's Address		None		NM		Zip Code		None					
Insured By (Name of Company)		None		Policy Number		None		Liability Insurance		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		VEHICLE DAMAGE		<input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> MODERATE <input type="checkbox"/> NONE			
VEHICLE NO. 2—PEDESTRIAN HEADED		N		S		E		W		ON		Posted Speed 55 MPH		Safe Speed 55 MPH			
Driver's or Pedestrian's Full Name		(21)		Address		None		NM		Zip Code		None		Phone		None	
Driver License Number		101306330		State		NM		Type		D		Restrictions		None		Expires	
Social Security Num.		None		Occupation		Driver -		Seat		Belt		Helmet		Age		Sex	
LR		CF		7		OTHER		3		No		21		F		C	
RF		None		Occupant's Name		Occupant's Address/Zip Code		3		No		21		M		O	
CF		None		S.C.		NM		3		No		20		F		O	
RF		None		None		None		3		No		20		F		O	
Vehicle Yr.		1977		Vehicle Make		Ford		Color		Green		Body Style		PK		Removed To:	
License Yr.		-96		State		NM		License Number		None		US DOT/ICC/SCC Numbers		-		VIN	
Owner's Name		None		Owner's Address		None		NM		Zip Code		None					
Insured By (Name of Company)		None		Policy Number		Unknown		Liability Insurance		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		VEHICLE DAMAGE		<input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> MODERATE <input type="checkbox"/> NONE			
INJURED First Aid Rendered By:		Regional EMS		Injured Taken To:		Ambulance		By:		None		INJURY CODES		SEAT BELT CODES			
DESCRIPTION OF PROPERTY AND DAMAGE		None		Owner's Name		Owner's Address/Zip Code		Owner Phone		None		K- Killed		1. Belts Not Installed			
PROPERTY INVOLVED		None		None		None		None		None		K1 Head		2. Belts Installed And Not Used			
WITNESS		None		None		None		None		None		K2 Chest		3. Belts Installed And Used			
None		None		None		None		None		None		K3 Neck		4. Shoulder Harness Installed And Not Used			
None		None		None		None		None		None		K4 Other		5. Shoulder Harness Installed And Used			
None		None		None		None		None		None		A- Incapacitated-Carried From Scene		6. Combination Belts And Harness Used			
None		None		None		None		None		None		A1 Head		7. Ejected From Vehicle			
None		None		None		None		None		None		A2 Chest		8. CHILD RESTRAINT			
None		None		None		None		None		None		A3 Back		8a. Used			
None		None		None		None		None		None		A4 Neck		8b. Not Used			
None		None		None		None		None		None		A5 Arms/Legs					
None		None		None		None		None		None		B- Visible Injury					
None		None		None		None		None		None		B1 Head					
None		None		None		None		None		None		B2 Chest					
None		None		None		None		None		None		B3 Back					
None		None		None		None		None		None		B4 Neck					
None		None		None		None		None		None		B5 Arms/Legs					
None		None		None		None		None		None		C- Complaint-No Visible Injury					
None		None		None		None		None		None		O- No Apparent Injury					

ISSUING AGENCY COPY

BEST AVAILABLE COPY

ROAD - WEATHER		WEATHER (Check One)		ROAD COND. (Check One Or More For Each)		ROAD SURFACE (Check One Or More For Each)		TRAFFIC CONTROL (Check One For Each)		ROAD CHARACTER (Check One)		ROAD DESIGN (Check One For Each)													
ROAD - WEATHER	<input checked="" type="checkbox"/> Daytime	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Paved	<input checked="" type="checkbox"/> No Passing Zone	<input type="checkbox"/> Straight	<input checked="" type="checkbox"/> 2 Lane	<input type="checkbox"/> One Way																	
	<input type="checkbox"/> Dawn		<input type="checkbox"/> Wet	<input type="checkbox"/> Unimproved		<input type="checkbox"/> Grade		<input type="checkbox"/> 3 Lane	<input type="checkbox"/> None																
	<input type="checkbox"/> Dusk		<input type="checkbox"/> Snow	<input type="checkbox"/> (with) Gravel - Stone		<input type="checkbox"/> On Grade		<input type="checkbox"/> 4 Lane	<input type="checkbox"/> Freeway																
	<input type="checkbox"/> Dark - Not Lighted		<input type="checkbox"/> Ice	<input checked="" type="checkbox"/> Fresh Material		<input type="checkbox"/> Level		<input checked="" type="checkbox"/> Individed	<input type="checkbox"/> Alley																
	<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Undeveloped		<input checked="" type="checkbox"/> On Grade		<input type="checkbox"/> Painted Div	<input type="checkbox"/> Control Zone																
APPARENT CONTRIBUTING FACTORS (Check One Or More For Each)										WHAT DRIVERS WERE DOING (Check One For Each)															
EVENT	<input type="checkbox"/> Excessive speed	<input type="checkbox"/> Following too closely	<input type="checkbox"/> Detection time	<input checked="" type="checkbox"/> Going Straight	<input type="checkbox"/> Stopped for Traffic																				
	<input type="checkbox"/> Sped too fast for conditions	<input type="checkbox"/> Made improper turn	<input type="checkbox"/> Other mechanical defect	<input type="checkbox"/> Overtaking - Passing	<input type="checkbox"/> Stopped for sign, signal																				
	<input type="checkbox"/> Failed to yield right of way	<input type="checkbox"/> Driver inattention	<input type="checkbox"/> Road defect	<input type="checkbox"/> Right turn	<input type="checkbox"/> Start in Traffic Ln																				
	<input type="checkbox"/> Passed stop sign	<input type="checkbox"/> Under influence of alcohol	<input type="checkbox"/> Other - not involving driver error	<input type="checkbox"/> Left turn	<input type="checkbox"/> Start from Park																				
	<input type="checkbox"/> Disregarded traffic signal	<input checked="" type="checkbox"/> Other (specify: _____)	<input type="checkbox"/> Brake system not functioning	<input type="checkbox"/> Other	<input type="checkbox"/> Merged																				
<input checked="" type="checkbox"/> Drove left of center	<input type="checkbox"/> Pedestrian action	<input type="checkbox"/> Improper lane change	<input type="checkbox"/> Slowing	<input type="checkbox"/> Other																					
<input type="checkbox"/> Improper overtaking	<input type="checkbox"/> Inadequate braking	<input type="checkbox"/> Improper backing	<input type="checkbox"/> Backing																						
DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Check One Or More For Each)		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Check One Or More For Each)		PEDESTRIAN ACTION																				
	<input type="checkbox"/> HSO (Had Been Drinking)	<input type="checkbox"/> Fatigue - Asleep	<input type="checkbox"/> Medication	<table border="1"> <thead> <tr> <th colspan="2">At Intersection</th> <th colspan="2">Not At Intersection</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> When Signal</td> <td><input type="checkbox"/> From Behind</td> <td><input type="checkbox"/> Walking Against Traffic</td> </tr> <tr> <td><input type="checkbox"/> Against Signal</td> <td><input type="checkbox"/> No Crosswalk</td> <td><input type="checkbox"/> Stopping</td> </tr> <tr> <td><input type="checkbox"/> No Signal</td> <td><input type="checkbox"/> Crosswalk</td> <td><input type="checkbox"/> Parking or Working in Vehicle</td> </tr> <tr> <td><input type="checkbox"/> Suspense</td> <td><input type="checkbox"/> Walking W. Fr.</td> <td><input type="checkbox"/> Slowing - Stopped</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </tbody> </table>				At Intersection		Not At Intersection		<input type="checkbox"/> When Signal	<input type="checkbox"/> From Behind	<input type="checkbox"/> Walking Against Traffic	<input type="checkbox"/> Against Signal	<input type="checkbox"/> No Crosswalk	<input type="checkbox"/> Stopping	<input type="checkbox"/> No Signal	<input type="checkbox"/> Crosswalk	<input type="checkbox"/> Parking or Working in Vehicle	<input type="checkbox"/> Suspense	<input type="checkbox"/> Walking W. Fr.	<input type="checkbox"/> Slowing - Stopped	<input type="checkbox"/> Other	<input type="checkbox"/> Other
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<input checked="" type="checkbox"/> Had Not Been Drinking	<input type="checkbox"/> Impaired Imp	<input type="checkbox"/> Impaired Imp																							
<input type="checkbox"/> Sobriety Unknown	<input type="checkbox"/> Hearing Imp	<input type="checkbox"/> No App. Defects																							
<input type="checkbox"/> New Sobriety Test	<input type="checkbox"/> Other	<input type="checkbox"/> Other (specify: _____)																							
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Diagram Drawn by		Measurements by		Leave Blank																					
Off. [Signature]		Off. [Signature]																							
<p>DIAGRAM</p> <p>Refer to Supplemental Diagram #</p> <p>NARRATIVE: Investigation reveals that a vehicle traveling in a westbound direction on [redacted] near mile post [redacted] driven by Witness [redacted], was traveling directly in front of Veh. #1. This vehicle, driven by Witness [redacted], encountered Veh. #2, which was traveling in an eastbound direction on [redacted], towards witness vehicle, and veered left of center, into path of witness vehicle. Witness vehicle attempted to avoid a collision with Veh. #2 by swerving left into oncoming traffic lane. At approximately the same time, Veh. #2 swerved back right, into correct (eastbound) traffic lane. Observing this, witness vehicle then swerved right, back into correct (westbound) lane. The subsequent swerving, correction action, back to the right, by Driver #2, into correct traffic lane, along with the worn and loose (defective) steering components on Veh. #2, caused Driver #2 to then overcorrect by steering Veh. #2 too sharply to the left, causing Veh. #2 to swerve left across center line and into oncoming traffic lane and into path of oncoming Veh. #1. Driver of Veh. #1 attempted to avoid collision by swerving to the right, but was unable to avoid collision and was struck by Veh. #2. Both vehicles collided in a side-swiping collision which caused damage to left side of Veh. #1 and</p>																									
TRAILER OR TOWED VEHICLES		TOWED BY VEH. #1	Year	Make	Lic. Yr. - State - Number	Type																			
		TOWED BY VEH. #2	Year	Make	Lic. Yr. - State - Number	Type																			
ENFORCEMENT ACTION	VEH. NO.	Name	Violation	W	B	C	Citation No.																		
	VEH. NO.	Name	Violation	W	B	C	Citation No.																		
	VEH. NO.	Name	Violation	W	B	C	Citation No.																		
Time Notified		Time Arrived		Notified By		Super at Scene																			
1740		1750		[Signature]		None																			
Officer's Signature		Off. [Signature]		Rank		ID No.																			
		Ptlm.		District		Date of Report																			
						96																			

STATE OF NEW MEXICO UNIFORM ACCIDENT REPORT
SUPPLEMENTAL DIAGRAM/NARRATIVE

HTD-10075
REV 5/92

Narrative, Cont'd.

Left side of Veh. #2. The resulting collision caused the rear axle to become disattached from Veh. #2. Both vehicles came to a final rest in position shown on diagram.

Damage to Veh. #1 is extensive to left side, with only other visible evidence of damage to right front passenger side windshield (shattered). Evidence indicates right front passenger of Veh. #1 was utilizing combination lap belt and shoulder harness seat belts, as evidenced by abrasion/injury mark on passenger. Additionally, front passenger side air bag had deployed during this collision. Right front passenger of Veh. #1, [REDACTED], sustained extensive neck injuries, which appeared to have been caused by the deployment of the passenger side air bag.

Field sobriety investigation of Driver #2 at scene, indicated that Driver #2 had been drinking. Driver #2 performed horizontal gaze nystagmus testing poorly, but was able to conduct finger count test in a satisfactory manner. Use of passive alcohol sensor device at scene, indicated Driver #2 had the presence of alcohol on her person. A blood alcohol test conducted at [REDACTED] Medical Center, indicated no alcohol present in the blood of Driver #2. Reporting Officer found two separate ice chests containing seventeen (17) bottles of [REDACTED], located in the rear bed of Veh. #2. Two open bottles of [REDACTED] Beer were located on the roadway shoulder alongside Veh. #2s final rest. No evidence of alcohol containers or evidence of alcohol consumption was found with Driver/Vehicle #1.

Driver #1 reports that, while traveling west on [REDACTED] she observed Veh. #2 swerve into her lane of travel. Driver #1 reports she swerved to the right, but was unable to avoid a collision with Veh. #2.

Driver #2 reports she does not recall what sequence of events took place prior to and what caused the collision. Passenger of Veh. #2, [REDACTED] (owner of Veh. #2) reports that Veh. #2 had an excessive amount of play in the steering mechanism and that this was the first time that Driver #2 ([REDACTED]) had driven the vehicle. Passenger [REDACTED] reports that Driver #2 had turned her attention from the road, momentarily, causing Veh. #2 to initially veer left of center, causing subsequent loss of control.

Inspection of steering mechanism on Veh. #2 indicates that the steering assembly is in poor condition and does exhibit an excessive amount of steering play. Veh. #2 is equipped with a smaller, custom steering wheel. The steering shaft is loose within the steering column, allowing the steering wheel to wobble and move within the steering column. The bolts which attach the steering control box to the vehicle, were found to be loose, allowing the steering control box to move noticeably when the steering was activated. Overall inspection of the steering components of Veh. #2 indicates the steering was in poor repair and allowed the steering to be moved approximately 1/4 turn, prior to any actual steering movement of the front tires.

Continued on Supplemental Narrative #

Date	96	Time		Location		County	
Driver No. 1						Sheel	2
Driver No. 2						Ol	4

B_y: [REDACTED]

ISSUING AGENCY COPY

STATE OF NEW MEXICO UNIFORM ACCIDENT REPORT
SUPPLEMENTAL DIAGRAM/NARRATIVE

SMTD-10075
REV 5/92

Narrative, Cont'd.

Statement From Witnesses:

Witness [REDACTED] stated that he was traveling west on [REDACTED]. He stated that he saw Veh. #2 straddling the center lane, with most of Veh. #2 traveling east on [REDACTED] in his lane of travel. [REDACTED] then swerved to the left to avoid a collision with Veh. #2. Veh. #2 then swerved to her right, which in turn forced [REDACTED] to swerve again, to the right. [REDACTED] overcorrected his vehicle, which caused his vehicle to swerve to the left, after Veh. #2 passed him. [REDACTED] looked into his rear view mirror and saw that Veh. #2 had collided with Veh. #1. He then ran to the scene and administered assistance.

Witness [REDACTED] stated that she was a passenger in a vehicle driven by [REDACTED], westbound on [REDACTED]. [REDACTED] said that she saw Veh. #2 traveling east on [REDACTED] in their lane of travel. She remembers swerving to the left, attempting to avoid a head-on collision with Veh. #2. Veh. #2 then swerved to the right and her vehicle swerved to their right, also. Veh. #2 then passed them without causing a collision.

By [REDACTED] [REDACTED]

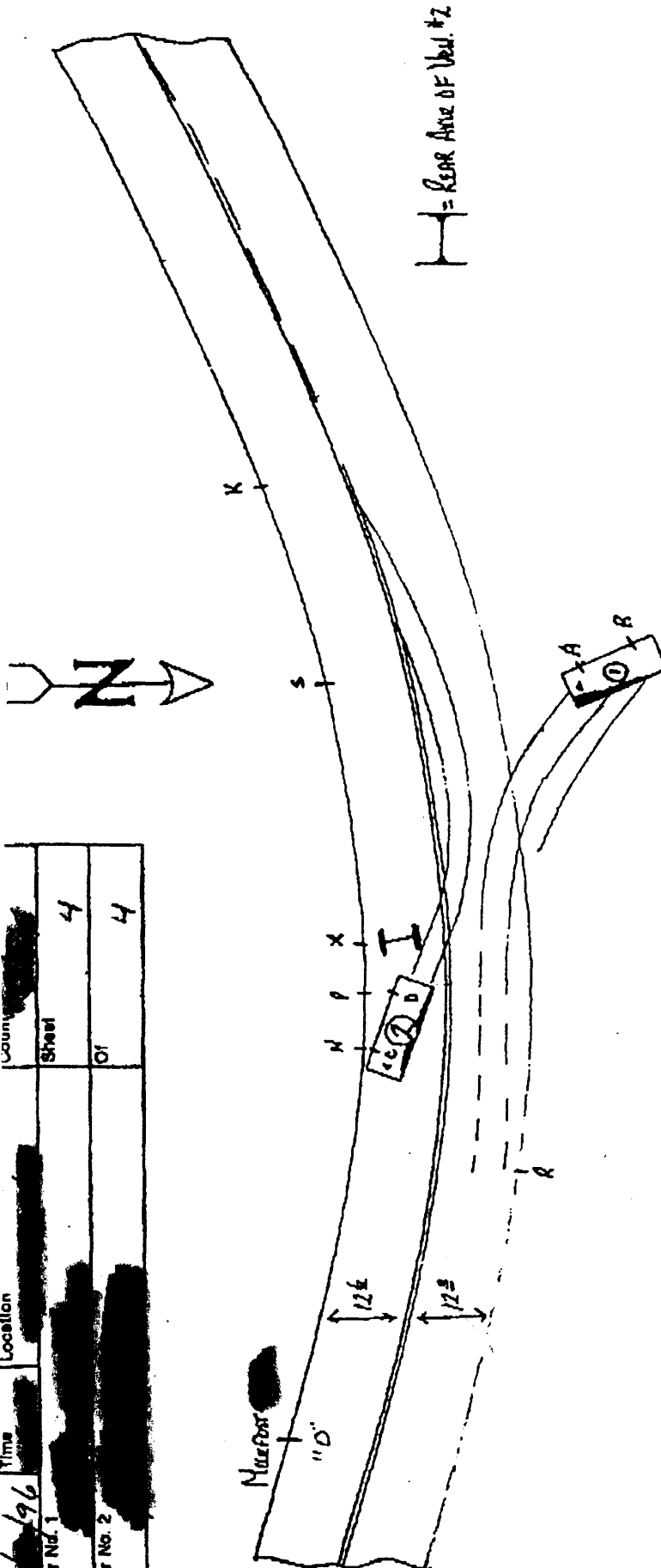
Date	96	Time		Location		County	
Driver No. 1						Shel	3
Driver No. 2						01	4

STATE OF NEW MEXICO UNIFORM ACCIDENT REPORT SUPPLEMENTAL DIAGRAM/NARRATIVE

CHTD-10075
REV. 7/68

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Date	1/96	Time		Location	
Driver No. 1				Sheet	4
Driver No. 2				Of	4



"D" (Main Road #101 on US180) To "N" (Parallel to Right Front Tire - Ven. #1 on South Side of US180) = 3 Miles
 "A" (Right Front Tire - Ven. #1) To "S" (Parallel to "P" on South Side of US180) = 41 ft
 "B" (Right Rear Tire - Ven. #1) To "S" (Parallel to "P" on South Side of US180) = 41 ft
 "C" (Right Front Tire - Ven. #2) To "N" = 14
 "D" (Right Rear Tire - Ven. #2) To "P" (Parallel to "D" on South Side of US180) = 5 ft
 "R" (Cross of Side of Ven. #1) To "P" = 67 ft
 "Y" (Cross of Side of Ven. #2) To "D" = 174 ft
 Rear Side of Vehicle #1 To "N" (on South Side of US180) = 14

** Not To Scale **

ISSUING AGENCY COPY

Taken on behalf of the [REDACTED] Police on this [REDACTED] day of [REDACTED], 1996, in [REDACTED] New Mexico.

INTERVIEW WITH [REDACTED]
[REDACTED] 1996

MY NAME IS [REDACTED] I'M EMPLOYED WITH THE [REDACTED] POLICE. TODAY'S DATE IS [REDACTED] 1996. APPROXIMATE TIME IS 1607 HOURS. THAT'LL BE [REDACTED] PM IN THE AFTERNOON. I'M LOCATED, LOCATED IN [REDACTED] IN [REDACTED] UH, OFFICE OF [REDACTED] PRESENT ALSO, IN THE ROOM, IS [REDACTED]. OK, I NEED TO CORRECT IT AS FAR AS THE TIME. THE TIME IS [REDACTED] PM, BUT IT'S [REDACTED] MILITARY HOURS. PRESENT IN THE ROOM IS [REDACTED] AND HER ATTORNEY, [REDACTED] AND HER FATHER, [REDACTED]. UHM, THIS RECORDING IS, IS A STATEMENT FOR THE FACT THAT [REDACTED] WAS THE DRIVER OF A VEHICLE WHICH WAS INVOLVED IN A MOTOR VEHICLE ACCIDENT ON [REDACTED] 1996, AT APPROXIMATELY [REDACTED] PM, [REDACTED] HOURS PM, UHM, ON [REDACTED], APPROXIMATE MILE POST [REDACTED], BETWEEN [REDACTED] AND [REDACTED]

[REDACTED] Uhm, first of all, [REDACTED], I wanna ask you a few general questions. First question would be, is, is it ok if I take a recorded statement.

[REDACTED]: Yes.

LOPEZ: Ok, uhm, state your complete name for the record?

[REDACTED]: [REDACTED]

[REDACTED]: Ok. Can you spell your last name for us?

[REDACTED]: Yes. [REDACTED]

[REDACTED]: Ok. And your date of birth, [REDACTED]?

[REDACTED]: [REDACTED] 75.

[REDACTED]: Ok, [REDACTED], your Social Security number if you want to state it?

[REDACTED]: [REDACTED]

[REDACTED]: Ok, and a current physical address?

[REDACTED]: [REDACTED] Road. [REDACTED]

[REDACTED]: And is that your mailing address also?

[REDACTED]: Nope.

[REDACTED]: What's your mailing address?

[REDACTED]: [REDACTED], [REDACTED] New Mexico.

INTERVIEW WITH [REDACTED]
[REDACTED], 1996

[REDACTED]: Ok, thank you. Uhm, so that makes you how old?

[REDACTED]: 21.

[REDACTED]: 21? Ok, good, uhm, do you have an attorney?

[REDACTED]: Yes I do.

[REDACTED]: Ok, do you want him present?

[REDACTED]: Yes I do.

[REDACTED]: Ok, what's his name?

[REDACTED]: [REDACTED]

[REDACTED]: Ok, present in the room is [REDACTED]
[REDACTED], uh, being her attorney, do you recommend this
interview be recorded?

[REDACTED]: Uh, I have no objection to you recording the interview.

[REDACTED]: Ok, thank you. Uhm, [REDACTED], bringing you back to [REDACTED]
[REDACTED] the day the accident happened, ok? Uh, if you can
remember what possibly happened before the accident,
uhm, on the way to where the accident happened. I
believe you were headed back from [REDACTED], from the [REDACTED]
to [REDACTED]. Uhm, if you can remember, whatever
facts, you know, you think might be necessary to, you
know, for the taped interview. Go ahead from the
beginning.

[REDACTED]: Ok. Ok, we decided about 1:00 o'clock to go out to the
[REDACTED] and it was me and [REDACTED] and
[REDACTED]. So we went by my house and [REDACTED] got, well, no
we went to his house. He got all the beer and he told
me that he was gonna be drinking. He was gonna be
drinking. He asked if I would drive the truck. And I
said yes. Don't have a problem with that. So we got
into the truck and I drove and [REDACTED] was in the middle
and [REDACTED] was sitting by the passenger door. We went
out to the [REDACTED]. And he had told me that there was
some play in his steering wheel. So I said, ok, fine.
So I drove out there without a problem. I did fine
with the steering and we went out there. We were
coming back about 4:00 o'clock, around there, and then,
uhm, I noticed we were having some problems with the
steering, right before the accident and, uhm, (sigh)
and I was deciding whether I should let [REDACTED] drive.

INTERVIEW WITH [REDACTED]
[REDACTED] 1996

[REDACTED]: And I thought, well no, that's not gonna be such a good idea because he's drinking, so that's just gonna make it worse. And then (slap) I went into the other lane, cause the steering wheel didn't turn and, uhm, I was just gonna go off the road and, uhm, and, uhm, then, uhm, (sigh) [REDACTED] grabbed the steering wheel and he jerked it and we, we started going back into my lane and that's when, uhm, we hit the other car.

[REDACTED]: Ok. Uhm, so you're saying that you drove all the way to the [REDACTED]

[REDACTED]: Yes.

[REDACTED]: Ok. But you hadn't been drinking that day?

[REDACTED]: No.

[REDACTED]: Ok, had you been drinking at all that day?

[REDACTED]: Oh yes, I had a beer.

[REDACTED]: Ok.

[REDACTED]: Uh-huh.

[REDACTED]: Ok, uhm..

[REDACTED]: But it was way earlier in the day.

[REDACTED]: So, when you left [REDACTED], enroute to the [REDACTED] you were behind the driver's seat, driving.

[REDACTED]: No, oh, no no. He drove the way to the [REDACTED] or [REDACTED], some rock turnoff and then I, I got behind the wheel.

[REDACTED]: Ok, and then from there, you went all the way?

[REDACTED]: Yes, I went all the way out there and then all the way back, I drove.

[REDACTED]: Ok, uhm, was there any other vehicles with you?

[REDACTED]: Yes, there was another car that was behind us and [REDACTED] and [REDACTED] were in that, in that car.

[REDACTED]: Were they drinking?

INTERVIEW WITH [REDACTED]
[REDACTED] 1996

[REDACTED]: I don't know.

[REDACTED]: Ok.

[REDACTED]: I honestly don't know.

[REDACTED]: Uhm, where does [REDACTED] come into the picture?
You didn't state his name earlier?

[REDACTED]: Oh, I'm sorry. Uhm, yes, he was, he came in, he's the one that called me. He's the one that wanted to go out to the mountains. Huh. He called me in the morning and said, do you want to go out to the mountains and I said yes.

[REDACTED]: Ok. Uhm, how long did you stay at the [REDACTED]

[REDACTED]: Well I don't know. Enough time to go up to the top and go back to the bottom. Of course, we all ran down to the bottom.

[REDACTED]: So is 5:30 about the right time the accident happened?

[REDACTED]: Oh, yeah, I'd say around there.

[REDACTED]: Ok.

[REDACTED]: Around 5:30.

[REDACTED]: And, uh, you drove back?

[REDACTED]: Yes, I drove back.

[REDACTED]: Ok, all the way from the [REDACTED]

[REDACTED]: Yes sir.

[REDACTED]: Did you make any stops?

[REDACTED]: Yes we did.

[REDACTED]: Ok, where were you stopped?

[REDACTED]: We stopped once at this gas station so we could put gas in the truck. And then we stopped at one of [REDACTED] friend's house. But I don't know who that was.

[REDACTED]: You don't remember his name?

INTERVIEW WITH [REDACTED]
[REDACTED], 1996

[REDACTED]: No, I, I don't even know who he, I've never seen him before, nothing.

[REDACTED]: How long were you there?

[REDACTED]: I'd say about five minutes, at tops, five, ten minutes.

[REDACTED]: Ok and then you, you drove from the house?

[REDACTED]: I drove from the house. Yes.

[REDACTED]: Cause that was the last stop you made before the accident. Right?

[REDACTED]: Yes.

[REDACTED]: Ok. You were driving?

[REDACTED]: I was driving.

[REDACTED]: Do you remember, uh, peeling out of the driveway when you were leaving?

[REDACTED]: No, I do not remember peeling out of the driveway.

[REDACTED]: Ok, uhm, the friend that you went to visit, did he walk you, uh, [REDACTED] back out of the house when he went in?

[REDACTED]: Yes, yes, he was with [REDACTED] when he walked out of the house.

[REDACTED]: Ok. You don't remember a name?

[REDACTED]: But I don't remember even what he looked like. I wouldn't even rec, I wasn't even paying attention to him.

[REDACTED]: Ok, and was [REDACTED] drinking at the time?

[REDACTED]: Yes.

[REDACTED]: Uhm, ok, did [REDACTED] say anything about why he was stopping at this house?

[REDACTED]: Uh-uh. (negative) He just said that he had to make a stop at his friend's house and I said, ok. So I stopped.

[REDACTED]: Ok. Uhm, this is where? Where's this house?

INTERVIEW WITH [REDACTED]
[REDACTED] 1996

[REDACTED] In [REDACTED]

[REDACTED]: Oh, ok. Uhm, and you didn't make anymore stops? Just to clarify it.

[REDACTED]: Right. No more stops. That was it.

[REDACTED]: Uhm, you are aware that there's several witnesses, including witnesses from that household that said Randy was driving?

[REDACTED]: Yes.

[REDACTED]: Uh, witnesses saw him pulling out of the driveway, and you being sittid, seated in the middle, between the two, uh, other, well the other passenger and the driver. You are aware of that?

[REDACTED]: Ye, well, no, I wasn't aware of it, they said that I was sitting in the middle, but..

[REDACTED]: But you were driving?

[REDACTED]: I was driving.

[REDACTED]: Ok, uhm, and from that house, how far down was the accident?

[REDACTED]: I don't know. Honestly don't know.

[REDACTED]: Minutes, maybe?

[REDACTED]: Maybe fifteen minutes, twenty minutes. Something like that?

[REDACTED]: That sounds about right. Do you remember passing any vehicles while you were, before the accident, between this residence?

[REDACTED]: Not really, on, on, no, I really don't remember passing cars. I really don't. I don't remember there being a lot a cars out on the highway that day.

[REDACTED]: Ok. Do you remember, uh, encountering a vehicle in the opposite lane, that had to swerve to miss you?

[REDACTED]: No, that did not happen.

[REDACTED]: Ok. Uhm, where was [REDACTED] sitting?

INTERVIEW WITH [REDACTED]
[REDACTED], 1996

[REDACTED]: She was sitting in the passenger seat.

[REDACTED]: Ok, where? Where's, where's that as far as in the veh,
in a truck?

[REDACTED]: All the way on the door.

[REDACTED]: Next to the right..?

[REDACTED]: Next to the door.

[REDACTED]: Ok.

[REDACTED]: Yes.

[REDACTED]: Uhm, what happened to the other vehicle when you
stopped at this residence? Did they stop there also?

[REDACTED]: No, they went on. They went on ahead.

[REDACTED]: Did they see what happened? As far as the accident?

[REDACTED]: I don't know. They were behind us. They'd pull, ok,
we stopped at that house, his friend's house, and they
went forward, [REDACTED]. And then we, they were
pulled off to the shoulder of the, er, the road, like a
half a mile ahead and we passed them, then they got in
behind us. How far they were behind us at the time of
the accident, I don't know.

[REDACTED]: Ok. Do you, uh, remember that, any, you know, do you
remember what, uh, [REDACTED] was saying to his friend at
the residence?

[REDACTED]: No, they didn't even talk when they, I don't remember
anything that was said, at all.

[REDACTED]: Ok. And, uh, how long did it take you to get from the
[REDACTED] to this, from [REDACTED], the gas station you
stopped at, to this residence in [REDACTED]

[REDACTED]: I don't know. Like, say, oh, an hour, an hour and a
half, an hour and a half, somewhere. I don't know. I
don't have a watch or nuthin'.

[REDACTED]: And were you traveling at the speed limit?

[REDACTED]: Yes I was. Did you know I was not speeding?

INTERVIEW WITH [REDACTED]
[REDACTED], 1996

[REDACTED]: Yeah, well good. She knows me from other.

[REDACTED]: (laughs)

[REDACTED]: ..from, uh, other acc, uh, speeding tickets.

[REDACTED]: Because I wasn't speeding in that truck, because it was very unfamiliar.

[REDACTED]: Were you wearing your seat belt?

[REDACTED]: No.

[REDACTED]: Ok.

[REDACTED]: But I wasn't speeding.

[REDACTED]: Uh, ok, you don't remember [REDACTED] bragging about how long it took him to drive from the [REDACTED] to [REDACTED] to his friend [REDACTED] house?

[REDACTED]: No.

[REDACTED]: Ok. Uh, was there any marijuana involved?

[REDACTED]: Nope.

[REDACTED]: Ok, you didn't, were you with, uh, everybody in the party the whole time? Could they have gotten away and smoked their own or?

[REDACTED]: Well that I don't know.

[REDACTED]: Ok.

[REDACTED]: I don't do it and I don't..

[REDACTED]: Had their been a chance that of, you weren't watching them?

[REDACTED]: Yeah, I'd, I don't know. Maybe. I don't really pay attention to..

[REDACTED]: Ok, uhm, which lane did the accident occur in? Do you remember?

[REDACTED]: Well I don't remember. I guess they said it was in her lane.

INTERVIEW WITH [REDACTED]
[REDACTED], 1996

[REDACTED]: Ok.

[REDACTED]: But it, really I don't remember.

[REDACTED]: And, and your own opinion, who's fault do you think the accident was?

[REDACTED]: It was the truck's fault.

[REDACTED]: Ok, for the reason?

[REDACTED]: Because the steering wheel was stuck. If it would not have stuck, we would have been just fine.

[REDACTED]: Ok. And you were going at the sp, the speed limit?

[REDACTED]: I was going the speed limit.

[REDACTED]: At this time? Ok. Uhm, one more question. Everything you had stated today is the truth, as best that you can recall?

[REDACTED]: Yes it is.

[REDACTED]: Ok, uhm, the attorney, do you need to say anything? Would you like to say anything?

[REDACTED]: I, I would like, uh, you to pursue a line of questioning having to do with [REDACTED], because I understand that the con, that, uh, you're getting some conflict in, uh, stories. Uh, how, may I ask a couple questions that would..?

[REDACTED]: I wouldn't be able to answer them for you.

[REDACTED]: I wouldn't be answer, asking you questions, I, to, to [REDACTED]. She..

[REDACTED]: Sure.

[REDACTED]: [REDACTED], uh, what's [REDACTED] last name?

[REDACTED]: [REDACTED]

[REDACTED]: And, uh, is he your boyfriend?

[REDACTED]: No.

[REDACTED]: When did you meet him?

INTERVIEW WITH [REDACTED]
[REDACTED] 1996

[REDACTED]: Two days before the accident.

[REDACTED]: Has he offered you money to lie?

[REDACTED]: No, I haven't even seen him.

[REDACTED]: Has, has he threatened you, your safe, the safety of you, your friends or your family?

[REDACTED]: No.

[REDACTED]: To lie? Is there any motivation whatsoever that you could think of, to lie?

[REDACTED]: No.

[REDACTED]: Do you understand that if [REDACTED] is held to be the driver, that, uh, civilly and criminally you'll probably walk free?

[REDACTED]: Yes.

[REDACTED]: And knowing that, do you want to change your story and say that [REDACTED] was driving?

[REDACTED]: No.

[REDACTED]: Do you understand the liabilities that may fall on you for being the driver?

[REDACTED]: Yes.

[REDACTED]: I told them to you, didn't I?

[REDACTED]: Yes, you did.

[REDACTED]: Civilly and potentially criminally?

[REDACTED]: Yes.

[REDACTED]: Do you know where [REDACTED] is now?

[REDACTED]: No.

[REDACTED]: Has he made any attempt to contact you?

[REDACTED]: No, only once to see how I was doing. It was a five minute conversation.

INTERVIEW WITH [REDACTED]
[REDACTED], 1996

[REDACTED]: Were you, uh, planning on being his boyfriend or his lover?

[REDACTED]: No.

[REDACTED]: Is that all you need?

[REDACTED]: Yes.

[REDACTED]: Ok, [REDACTED], once, once again your attorney did state the fact that if, uh, the District Attorney's Office does conclude that [REDACTED] was the driver and the statement that you had given can be, both used civilly and, uh, used against you for the fact that the statement you gave was the fact that you were the driver and there is a State law considered there which is tampering with evidence. And any time you volunteer information that is incorrect, etcetera, and by, uh, trying to elude the police or trying to, uh, make the burden, uh, uh, upon someone else when someone actually is in fault, uhm, it's considered a fourth degree felony and you can be convicted of this violation for the fact you are, if [REDACTED] is considered, uh, considered the driver, that this is a false statement.

[REDACTED]: Yes.

[REDACTED]: May I ask one question?

[REDACTED]: Ok.

[REDACTED]: When you, you were the first officer on the scene, even though you were off duty.

[REDACTED]: Well, we can talk about later, if you'd like.

[REDACTED]: You see, he's not being interviewed for the tape.

[REDACTED]: Oh.

[REDACTED]: I'm not the one who's being interviewed.

[REDACTED]: Oh, ok.

[REDACTED]: I'm just lettin' her know exactly. Uhm, [REDACTED], do you have any more, anything else to say?

[REDACTED]: Nope.

INTERVIEW WITH [REDACTED]
[REDACTED] 1996

[REDACTED]: Ok, uh, this is the end of recording. It's, uh, 1621 hours, which is 4:21 PM.

[REDACTED]: The, uhm, you might want to, uh, did you, while you were driving, before the accident, did you see what appeared to be a Sheriff's car coming in the opposite?

[REDACTED]: Yes, there was a Sheriff's bronco that passed us. We were coming back into town and he was, looked like he was going in to [REDACTED].

[REDACTED]: And was your, did, did you see, you saw him, did you see the driver?

[REDACTED]: Yes.

[REDACTED]: Was the driver smoking a cigarette?

[REDACTED]: Yes. The man had a cigarette.

[REDACTED]: It was a man?

[REDACTED]: It was a man.

[REDACTED]: Was your, uh, was the window of your truck down?

[REDACTED]: No.

[REDACTED]: The window of your truck was not down?

[REDACTED]: No. The window of my truck was up.

[REDACTED]: On your side?

[REDACTED]: On my side, was up.

[REDACTED]: So how did you see him?

[REDACTED]: Through the windshield.

[REDACTED]: Through the windshield?

[REDACTED]: Yes.

[REDACTED]: Did you make any eye contact?

[REDACTED]: Yes, we waved.

[REDACTED]: He waved to you as well?

INTERVIEW WITH [REDACTED]
[REDACTED] 1996

[REDACTED]: Yes, he waved to me and I waved to him.

[REDACTED]: And would he have seen you in the driver's seat?

[REDACTED]: Yes, he would have.

[REDACTED]: Ok.

[REDACTED]: Uhm, ok, one more thing. Just to clarify. I don't know whether I asked or not, I had so many questions that I asked. When you were driving from the residence in [REDACTED], before the accident, you, did you pass any vehicles?

[REDACTED]: Not that I can remember.

[REDACTED]: No vehicles? Ok.

[REDACTED]: I don't remember there being a lot of vehicles on the road so I don't really.

[REDACTED]: Ok.

[REDACTED]: I have one question. The, you, the officer asked you if you had run any cars off the road. Was there a car just before the accident that you encountered?

[REDACTED]: The white car?

[REDACTED]: Well I don't know what.?

[REDACTED]: There was only one other car besides the car that I wrecked into, that I was in their lane. At no point in time was I passing the double yellow line, was I running people off the road. At no point in time, during the course of that day.

[REDACTED]: But there was a white car just before the accident?

[REDACTED]: Just before the [REDACTED] car, yes.

[REDACTED]: Ok. One thing that we need to clarify, if you remember the color of the vehicle? What type and make, maybe? If you can state that?

[REDACTED]: Of what vehicle? The white vehicle? Or no...?

[REDACTED]: The one you were driving.

INTERVIEW WITH [REDACTED]
[REDACTED] 1996

[REDACTED]: Oh, the one I was driving? It was a big green truck.

[REDACTED]: Do you remember what kind it is?

[REDACTED]: A Ford?

[REDACTED]: Oh, Yeah, that's correct. It was a Ford. Ok, end of, end of recording. The time is now, uh, [REDACTED] hours, which is [REDACTED] PM. Thank you [REDACTED]

I CERTIFY THAT THE FOREGOING IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT TRANSCRIPTION OF THE STATEMENT OF [REDACTED], TAKEN ON [REDACTED], 1996 AND TRANSCRIBED ON [REDACTED], 1996.

[REDACTED]

TRANSCRIBER

[REDACTED] 9/96

DATE

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9624

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) [REDACTED] 9 6

5. Time of Accident [REDACTED]

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0

7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)

8. SS17 Impact Fires 0

9. SS18 Unsafe Driver Actions 0

10. SS19 Run Off Road 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>31</u>	18. <u>L</u>
19. <u>0 2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0 3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- CV: 104.0 ⇒ 264.2
- | | |
|--|---|
| (00) Not a motor vehicle | (31) Large pickup truck (≤ 4,536 kgs GVWR) ← V2 |
| (01) Subcompact/mini (wheelbase < 254 cm) | (38) Other pickup truck (≤ 4,536 kgs GVWR) |
| (02) Compact (wheelbase ≥ 254 but < 265 cm) | (39) Unknown pickup truck type (≤ 4,536 kgs GVWR) |
| (03) Intermediate (wheelbase ≥ 265 but < 278 cm) | (45) Other light truck (≤ 4,536 kgs GVWR) |
| (04) Full size (wheelbase ≥ 278 but < 291 cm) | (48) Unknown light truck type (≤ 4,536 kgs GVWR) |
| (05) Largest (wheelbase ≥ 291 cm) | (49) Unknown light vehicle type |
| (09) Unknown passenger car size | (50) School bus (excludes van based) (> 4,536 kgs GVWR) |
| (14) Compact utility vehicle | (58) Other bus (> 4,536 kgs GVWR) |
| (15) Large utility vehicle (≤ 4,536 kgs GVWR) | (59) Unknown bus type |
| (16) Utility station wagon (≤ 4,536 kgs GVWR) | (60) Truck (> 4,536 kgs GVWR) |
| (19) Unknown utility type | (67) Tractor without trailer |
| (20) Minivan (≤ 4,536 kgs GVWR) | (68) Tractor-trailer(s) |
| (21) Large van (≤ 4,536 kgs GVWR) | (78) Unknown medium/heavy truck type |
| (24) Van Based school bus (≤ 4,536 kgs GVWR) | (79) Unknown light/medium/heavy truck type |
| (28) Other van type (≤ 4,536 kgs GVWR) | (80) Motored cycle |
| (29) Unknown van type (≤ 4,536 kgs GVWR) | (90) Other vehicle |
| (30) Compact pickup truck (≤ 4,536 kgs GVWR) | (99) Unknown |

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|-------------------------|---|-------------------------|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |
| | | | |
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle | (L) Left side | (C) Rear of cab |
| | (N) Noncollision | (B) Back of unit with cargo area
(rear of trailer or straight truck) | (V) Front of cargo area |
| | (F) Front | (D) Back (rear of tractor) | (T) Top |
| | (R) Right side | | (U) Undercarriage |
| | | | (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| (01-30) — Vehicle Number | (57) Fence |
| Noncollision | (58) Wall |
| (31) Overturn — rollover (excludes end-over-end) | (59) Building |
| (32) Rollover — end-over-end | (60) Ditch or culvert |
| (33) Fire or explosion | (61) Ground |
| (34) Jackknife | (62) Fire hydrant |
| (35) Other intraunit damage (specify): | (63) Curb |
| | (64) Bridge |
| (36) Noncollision injury | (68) Other fixed object (specify): |
| (38) Other noncollision (specify): | |
| (39) Noncollision — details unknown | (69) Unknown fixed object |
| Collision With Fixed Object | Collision with Nonfixed Object |
| (41) Tree (≤ 10 cm in diameter) | (70) Passenger car, light truck, van, or other vehicle
not in-transport |
| (42) Tree (> 10 cm in diameter) | (71) Medium/heavy truck or bus not in-transport |
| (43) Shrubbery or bush | (72) Pedestrian |
| (44) Embankment | (73) Cyclist or cycle |
| (45) Breakaway pole or post (any diameter) | (74) Other nonmotorist or conveyance |
| Nonbreakaway Pole or Post | (75) Vehicle occupant |
| (50) Pole or post (≤ 10 cm in diameter) | (76) Animal |
| (51) Pole or post (> 10 cm but ≤ 30 cm in diameter) | (77) Train |
| (52) Pole or post (> 30 cm in diameter) | (78) Trailer, disconnected in transport |
| (53) Pole or post (diameter unknown) | (79) Object fell from vehicle in-transport |
| (54) Concrete traffic barrier | (88) Other nonfixed object (specify): |
| (55) Impact attenuator | |
| (56) Other traffic barrier (includes guardrail)
(specify): | (89) Unknown nonfixed object |
| | (98) Other event (specify): |
| | (99) Unknown event or object |

NASS CDS GENERAL VEHICLE FORM: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1 P 3 E S 2 7 C I T D

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)

No VIN—Code all zeros

Unknown—Code all nines

9. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit in kmph
(999) Unknown

55 mph X 1.6093 = 88.6 kmph

13. Police Reported Alcohol Presence For Driver

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

Source: _____

15. Police Reported Other Drug Presence For Driver

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

16. Other Drug Specimen Test Result For Driver

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained

(8) No driver present

(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
 - (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
 - (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
 - (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
 - (24) Van based school bus ($\leq 4,536$ kgs GVWR)
 - (25) Van based other bus ($\leq 4,536$ kgs GVWR)
 - (28) Other van type (Hi-Cube Van, Kary) (specify):
-
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
 - (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
-
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
 - (81) Moped (motorized bicycle)
 - (82) Three-wheel motorcycle or moped
 - (88) Other motored cycle (minibike, motorscooter) (specify):
-
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA19. Relation To Interchange Or Junction φ

- (0) Non-interchange area and non-junction
- (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify): _____

- (5) Unknown type of junction

- (9) Unknown

20. Trafficway Flow φ

- (0) Not physically divided (two way traffic)
- (1) Divided trafficway-median strip without positive barrier
- (2) Divided trafficway-median strip with positive barrier
- (3) One way traffic
- (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
- (2) Two
- (3) Three
- (4) Four
- (5) Five
- (6) Six
- (7) Seven or more
- (9) Unknown

22. Roadway Alignment 3

- (1) Straight
- (2) Curve right
- (3) Curve left
- (9) Unknown

23. Roadway Profile 4

- (1) Level
- (2) Uphill grade (> 2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): _____
- (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

26. Light Conditions 1

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

27. Atmospheric Conditions φ

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (6) Sleet and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
- (9) Unknown

28. Traffic Control Device 6

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)
- Regulatory* Curve Ahead per Interviewee
- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): _____
- (2) Traffic control device functioning properly
- (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 01
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 62**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver

09

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location

1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

65

(Note: Applicable codes on back of this page)

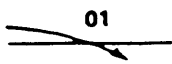

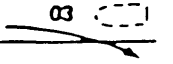
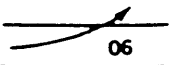

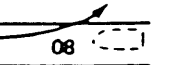
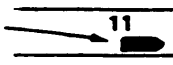


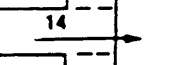
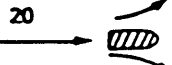
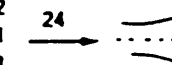
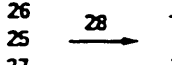

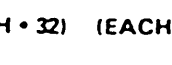



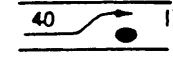
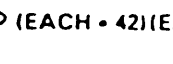
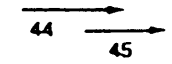
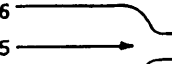
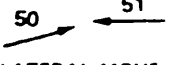

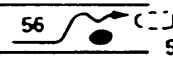
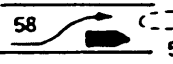
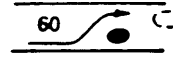
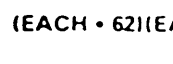
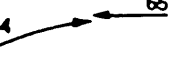

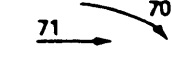

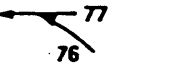
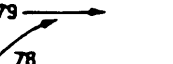
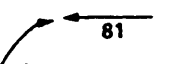
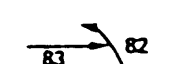
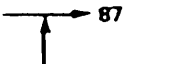
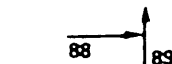
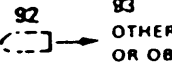
- (00) No impact

Code the number of the diagram that best describes the accident circumstance

- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway, Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 28, 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 41 (EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	51 (EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	 61 (EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	65 (EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN	
	K Turn Into Path	 77 76	 79 78	 81 80	 83 82	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 86	 88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

Page 5

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 3
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 3

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.060
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
2343 lbs X .4536 = 1.063 kgs

Source: _____

44. Vehicle Cargo Weight 0.010
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms groceries
 (454) 4,536 kilograms or more
 (999) Unknown
15 lbs X .4536 = 0.0068 kgs
 Source: interview

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) Ø52. Rear Override/Underride (this Vehicle) Ø

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact *Per PAR*
(997) Noncollision
(998) Impact with object *Diagram*
(999) Unknown

53. Heading Angle For This Vehicle 27 Ø54. Heading Angle For Other Vehicle Ø 75**RECONSTRUCTION DATA**55. Towed Trailing Unit Ø

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle Ø

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) Ø

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) Ø 7

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest
999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V Highest
+ 999
- 999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (± 160) ± 159.5 kmph and above
 (_ 999) Unknown

61. Lateral Component of Delta V Highest
+ 999
- 999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (± 160) ± 159.5 kmph and above
 (_ 999) Unknown

62. Energy Absorption Highest
999.900

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest
999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
 Results (For Highest Delta V) Φ

(0) No reconstruction

(1) Collision fits model — results appear
 reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
 reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest
999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>6</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe (9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>ϕ</u></p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection</p> <p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>1</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

VEHICLE IDENTIFICATION

LOCATOR

CRUSH PROFILE IN CENTIMETERS

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 104.0 inches x 2.54 = 264.2 cm
 Overall Length 171.8 inches x 2.54 = 436.4 cm
 Maximum Width 67.5 inches x 2.54 = 171.5 cm
 Curb Weight 2,343 pounds x 0.4536 = 1,062.8 kg
 Average Track 57.4 inches x 2.54 = 145.8 cm
 Front Overhang inches x 2.54 = cm
 Rear Overhang inches x 2.54 = cm
 Undeformed End Width inches x 2.54 = cm
 Engine Size: cyl/disl. 1996 cc x 0.001 = 2.0 L
 Unknown Transmission 1218 CID x 0.0164 = 2.0 L
 4-door Sedan

Shipping Weight

5-Speed Manuals 2352 to 2438 5-Speed Manual
 100 100
 2452 2538 Curb Weight
 3-Speed Automatics 2402 to 2510
 100 100
 2502 2610 2,343

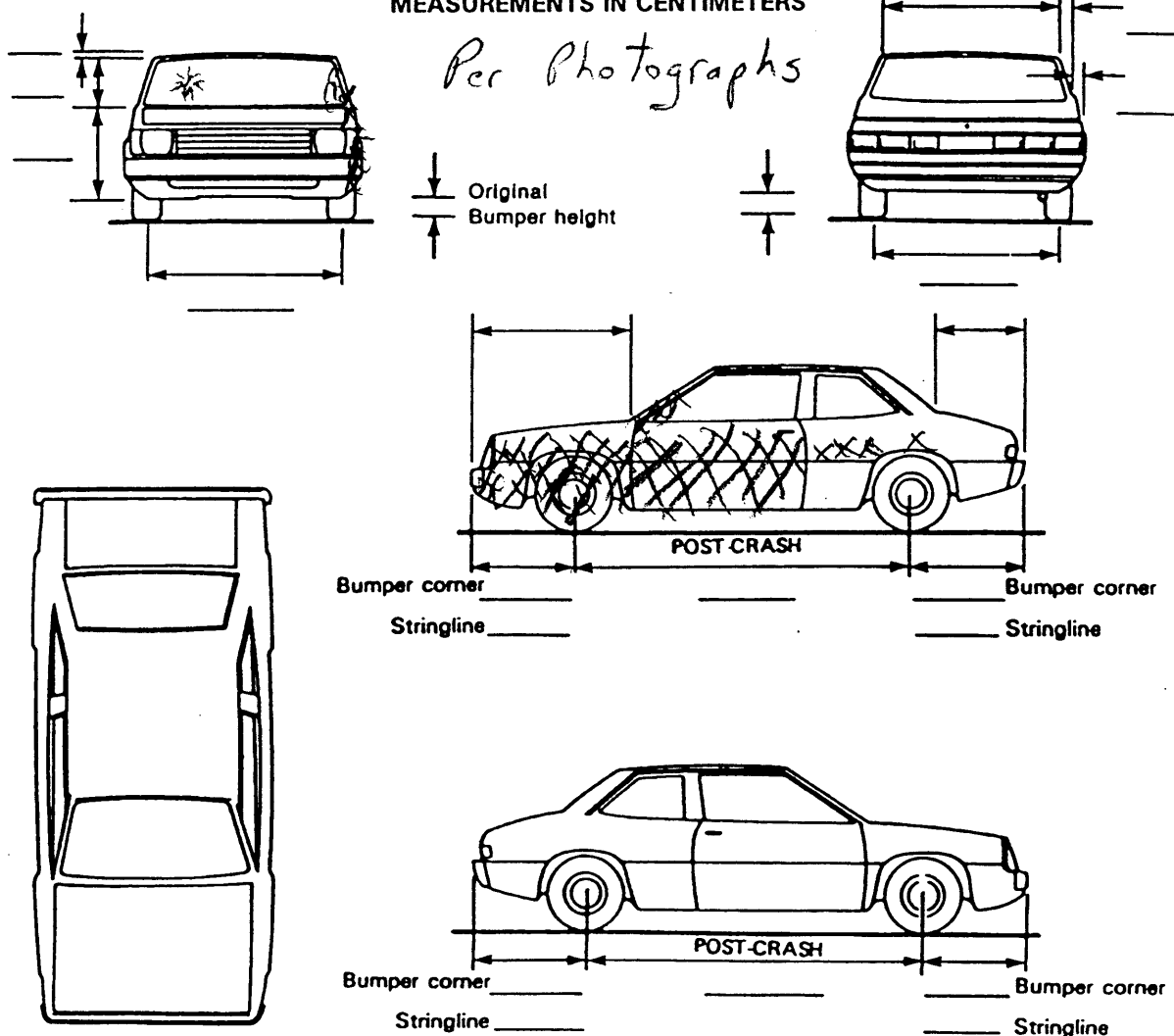
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}		Color: {specify} <u>Blue</u>	Repair Cost: \$
Transmission: {circle} Automatic Manual		Speed: 3-speed 4-speed 5-speed Other:	
Steering: {circle} ? Power-assisted Manual		Type: rack-and-pinion worm-and-gear Other	
(please describe):			
Brakes: {circle} ? Power-assisted Manual		Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic	
		front disc, rear drum Other:	
Observed Defects: {specify}			
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other			
(please describe):			

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>264</u> cm Overall Length <u>436</u> cm Maximum Width <u>171</u> cm Curb Weight <u>1063</u> kg Average Track <u>146</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>4 cyl/2.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight <u>Φ 7</u> kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

Division of

Type of Body	Model	Wheel Base	Dimensions Inches Lt. x Wt. x Ht.	Ship. Wt.	Tax H.P.	Factory List Price	Factory Def'd Price
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5-PS 4-dr Sedan w/22A JAPH41 108.0" 186.6" x 71.0" x 54.1" 2931 18.99 15,775 16,310
Options Breeze: Destination Charges-\$535; Anti-Lock Brakes-\$565; Child Seat Integrated-\$100; Emissions (CA, MA & NY)-\$105; Security Group-\$170; Power Sun roof-\$695; Option Groups (21A)-std (22B)-\$1050 (21B)-\$665 (22B)-\$1715

1996 Neon FWD 4 cyl 2.0 liter SOHC SMPFI Gas Engine(ECB)(16 valve)

Bore & Stroke 3.445"x3.268"; Tax H.P. 18.99; SAE H.P. 132@6000; Torque 129@5000; 121.8 cu.in., 1996 cc

Man. Trans. 5-speed; EPA Mileage Estimate 29/38

5-PS 2-dr Coupe w/21A	PLPL22	104.0"	171.8" x 67.5" x 52.8"	2269	18.99	9,495	9,995
5-PS 4-dr Sedan w/21A	PLDL42	104.0"	171.8" x 67.5" x 52.8"	2352	18.99	9,995	10,495
5-PS 2-dr Coupe Highline w/21C	PLPH22	104.0"	171.8" x 67.5" x 52.8"	2409	18.99	11,300	11,800
5-PS 4-dr Sedan Highline w/21C	PLPH42	104.0"	171.8" x 67.5" x 52.8"	2443	18.99	11,500	12,000
5-PS 2-dr Coupe Expresso w/21GPLPH22	104.0"	171.8" x 67.5" x 52.8"	2457	18.99	12,235	12,735	
5-PS 4-dr Sedan Expresso w/21GPLPH42	104.0"	171.8" x 67.5" x 52.8"	2495	18.99	12,435	12,935	
5-PS 2-dr Coupe Sport w/21J	PLPH22	104.0"	171.8" x 67.5" x 52.8"	2454	18.99	12,500	13,000
5-PS 4-dr Sedan Sport w/21J	PLPS42	104.0"	171.8" x 67.5" x 52.8"	2460	18.99	12,700	13,200

Competition Pkg

5-PS 4-dr Sedan w/25A	PLPL42	104.0"	171.8" x 67.5" x 52.8"	2438	18.99	11,570	12,050
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Auto. Trans. 3-speed; EPA Mileage Estimate 27/33

2002 Ford Focus								
2002 Ford Focus								
Model	Year	Make	Model	Year	Make	Model	Year	Make
5-PS 2-dr Coupe w/22A	PLPL22	104.0"	171.8"	x 67.5"	x 52.8"	2319	18.99	10,095
5-PS 4-dr Sedan w/22A	PLPL42	104.0"	171.8"	x 67.5"	x 52.8"	2402	18.99	10,595
5-PS 2-dr Coupe Highline w/22C	PLPH22	104.0"	171.8"	x 67.5"	x 52.8"	2459	18.99	11,900
5-PS 4-dr Sedan Highline w/22C	PLPH42	104.0"	171.8"	x 67.5"	x 52.8"	2493	18.99	12,100
5-PS 2-dr Coupe Expresso w/22GPLPH22	104.0"	171.8"	x 67.5"	x 52.8"	2507	18.99	12,835	13,335
5-PS 4-dr Sedan Expresso w/22GPLPH42	104.0"	171.8"	x 67.5"	x 52.8"	2545	18.99	13,035	13,535
5-PS 2-dr Coupe Sport w/22J	PLPS22	104.0"	171.8"	x 67.5"	x 52.8"	2504	18.99	13,100
5-PS 4-dr Sedan Sport w/22J	PLPS42	104.0"	171.8"	x 67.5"	x 52.8"	2510	18.99	13,300

1996 Neon FWD 4 cyl 2.0 liter DOHC SMPFI Gas Engine(ECC)(16 valve)

Bore & Stroke 3.445"x3.268"; Tax H.P. 18.99; SAE H.P. 150@6800; Torque 131@5600; 121.7 cu.in., 1996 cc

Man. Trans. 5-speed; EPA Mileage Estimate 29/38

5-PS 2-dr Coupe Sport w/23J	PLPS22	104.0"	171.8" x 67.5" x 52.8"	2478	18.99	12,650	13,150
5-PS 4-dr Sedan Sport w/23J	PLPS42	104.0"	171.8" x 67.5" x 52.8"	2480	18.99	12,850	13,350

Competition Pkg

5-PS 2-dr Coupe w/23A	PLPL22	104.0"	171.8" x 67.5" x 52.8"	2370	18.99	11,240	11,740
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Auto. Trans. 3-speed; EPA Mileage Estimate 27/33

5-PS 2-dr Coupe Sport w/24J	PLPS22	104.0"	171.8" x 67.5" x 52.8"	2528	18.99	13,250	13,750
5-PS 4-dr Sedan Sport w/24J	PLPS42	104.0"	171.8" x 67.5" x 52.8"	2530	18.99	13,450	13,950

Options Neon: Destination Charges-\$500; Air Conditioning-\$1000 (Highline, Expresso & Sport)-std; Anti-Lock Brakes-\$565; Seats (Child Seat)-\$100; Defroster Rear Window-\$205 (Expresso)-std; Emissions (Calif & Mass)-\$105; Paint w/Extra Cost-\$100 (Highline, Expresso & Sport)-std; Luggage Rack-\$100; Radio AM/FM Stereo w/4spk (base)-\$335 (all other)-std w/cassette (base)-\$585 (Highline & Expresso)-\$300 (sport)-\$250 w/CD (Highline, Expresso & Sport)-\$480; Tilt Steering Column-\$150; Convenience Group-\$260 w/power 2-dr-\$350 4-dr-\$300; Moonroof Power-\$595; Remote Keyless Entry-\$155; Windows Power front door-\$265; Speed Control-\$224; Wheels (14" Alu.)-\$355; National Champion Interior Pkg (Competition Pkg)-\$500; Options Pkg Base (21A)-std (22A)-\$600 Highline (21C)-std (22C)-\$600 (21D)-\$785 (22D)-\$1385 Expresso (21G)-\$965 (22G)-\$1565 Sport (21J)-std (22J)-\$600 (23J)-\$150 (24J)-\$750 (21K)-\$1050 (22K)-\$1650 (23K)-\$1200 (24K)-\$1800 Competition Pkg (23A)-\$1800 (25A)-\$1630

1996 Plymouth Voyager 4 cyl 2.4 liter DOHC SMPFI Gas Engine(EDZ)(16 valve)

Bore & Stroke 3.445"x3.976"; Tax H.P. 18.99; SAE H.P. 150@5200; Torque 167@4000; 148.2 cu.in., 2429 cc

Auto. Trans. 3-speed; EPA Mileage Estimate 20/25

5-PS 4-dr MVan FWD w/22S	NSHL52	113.3"	186.3" x 75.6" x 68.5"	3450	18.99	16,615	17,185
7-PS 4-dr MVan FWD w/22T	NSHL52	113.3"	186.3" x 75.6" x 68.5"	3450	18.99	17,320	17,890
Grand Voyager							
7-PS 4-dr MVan FWD w/22S	NSHL53	119.3"	199.6" x 75.6" x 68.5"	3607	18.99	17,865	18,435
7-PS 4-dr MVan FWD w/22T	NSHL53	119.3"	199.6" x 75.6" x 68.5"	3607	18.99	18,220	18,790
7-PS 4-dr MVan SE FWD	NSHH53	119.3"	199.6" x 75.6" x 68.5"	3684	18.99		

Auto. Trans. 4-speed; EPA Mileage Estimate 20/25

7-PS 4-dr MVan SE FWD w/23A	NSHH52	113.3"	186.3" x 75.6" x 68.5"	3598	18.99	19,310	19,880
7-PS 4-dr MVan SE FWD w/23B	NSHH52	113.3"	186.3" x 75.6" x 68.5"	3598	18.99	19,880	20,450
Grand Voyager							
7-PS 4-dr MVan SE FWD w/23A	NSHH53	119.3"	199.6" x 75.6" x 68.5"	3684	18.99	20,050	20,620
7-PS 4-dr MVan SE FWD w/23B	NSHH53	119.3"	199.6" x 75.6" x 68.5"	3684	18.99	20,650	21,220

1996 Plymouth Voyager V6 cyl 3.0 liter SOHC SMPI Gas Engine(EFA)(12 valve)

Bore & Stroke 3.586"x2.992"; Tax H.P. 30.86; SAE H.P. 150@5200; Torque 176@4000; 181.4 cu.in., 2972 cc

Auto. Trans. 3-speed; EPA Mileage Estimate 20/25

7-PS 4-dr MVan FWD w/24T	NSHL52	113.3"	186.3" x 75.6" x 68.5"	3444	30.66	18,090	18,660
7-PS 4-dr MVan SE FWD w/24A	NSHH52	113.3"	186.3" x 75.6" x 68.5"	3592	30.66	19,830	20,400
7-PS 4-dr MVan SE FWD w/24B	NSHH52	113.3"	186.3" x 75.6" x 68.5"	3592	30.66	20,400	20,970
7-PS 4-dr MVan SE FWD w/24D	NSHH52	113.3"	186.3" x 75.6" x 68.5"	3592	30.66	21,135	21,705

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>L</u>	9. <u>A</u>	10. <u>E</u>	11. <u>09</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L 21. C₁ C₂ C₃ C₄ C₅ C₆ 22. ± D

_____ + _____
_____ - _____

Second Highest Delta "V"

23. L 24. C₁ C₂ C₃ C₄ C₅ C₆ 25. ± D

_____ + _____
_____ - _____

26. Undeformed End Width
(Coded when highest severity
impact is an end plane impact.) 999
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width
(For highest severity impact) 999
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 264
_____ Code to the nearest
centimeter
(650) 650 centimeters or more
(999) Unknown
104 inches X 2.54 = 264 centimeters

29. Original Average Track Width 146
_____ Code to the
nearest centimeter
(185) 185 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

NASS CDS GENERAL VEHICLE FORM: VEHICLE #2



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9624
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 77
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): Ford 12

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 481
4x2 F-100

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 31
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number F10HP
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit 086
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

55 mph X 1.6093 = 86 kmph

13. Police Reported Alcohol Presence For Driver 1
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 00
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver 7
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 9
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code [REDACTED]
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 9
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction φ
- (0) Non-interchange area and non-junction
 - (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) _____

- (5) Unknown type of junction

- (9) Unknown

20. Trafficway Flow φ
- (0) Not physically divided (two way traffic)
 - (1) Divided trafficway-median strip without positive barrier
 - (2) Divided trafficway-median strip with positive barrier
 - (3) One way traffic
 - (9) Unknown

21. Number Of Travel Lanes 2
- (1) One
 - (2) Two
 - (3) Three
 - (4) Four
 - (5) Five
 - (6) Six
 - (7) Seven or more
 - (9) Unknown

22. Roadway Alignment 2
- (1) Straight
 - (2) Curve right
 - (3) Curve left
 - (9) Unknown

23. Roadway Profile 2
- (1) Level
 - (2) Uphill grade (> 2%)
 - (3) Hill crest
 - (4) Downhill grade (> 2%)
 - (5) Sag
 - (9) Unknown

24. Roadway Surface Type 2
- (1) Concrete
 - (2) Bituminous (asphalt)
 - (3) Brick or block
 - (4) Slag, gravel, or stone
 - (5) Dirt
 - (8) Other (specify): _____
 - (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

26. Light Conditions 1

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

27. Atmospheric Conditions φ

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (6) Sleet and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
- (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): _____
- (2) Traffic control device functioning properly
- (9) Unknown

PRECRASH DRIVER RELATED DATA**30. Driver's Distraction/Inattention To Driving**
(Prior To Recognition Of Critical Event)

- (00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions

(03) By other occupant(s), (specify): _____

(04) By moving object in vehicle (specify): _____

(05) While talking or listening to cellular phone (specify location and type of phone): _____

(06) While dialing cellular phone (specify location and type of phone): _____

(07) While adjusting climate controls

(08) While adjusting radio, cassette, CD (specify): _____

(09) While using other device/controls integral to vehicle (specify): _____

(10) While using or reaching for device/object brought into vehicle (specify): _____

(11) Sleepy or fell asleep

(12) Distracted by outside person, object, or event (specify): _____

(13) Eating or drinking

(14) Smoking related

(97) Distracted/inattentive, details unknown

(98) Other, distraction (specify): _____

(99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event)

- (00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown

32. Critical Precrash Event**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): steering mechanism
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

33. Attempted Avoidance Maneuver 08

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

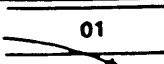
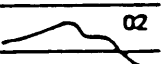
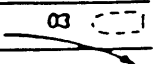
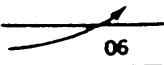
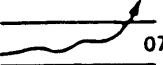
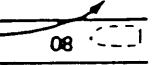
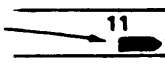

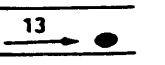
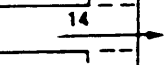

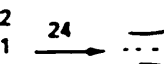
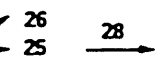
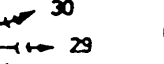
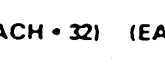
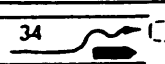

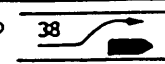
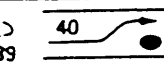

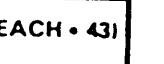
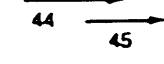


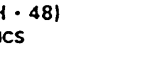


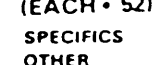

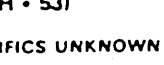


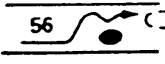

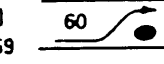

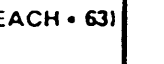
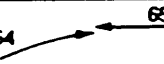


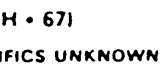

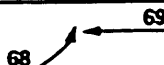
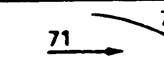
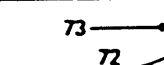

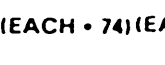
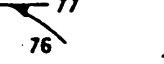

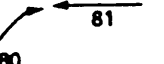
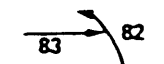
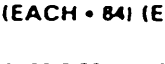
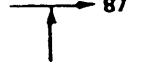
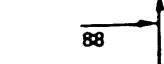


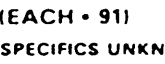
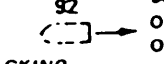


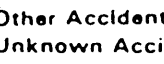

36. Accident Type 64

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 28, 29, 30, 31	 26 SPECIFICS OTHER	 28 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 42 SPECIFICS OTHER  43 SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 SPECIFICS OTHER	 48 SPECIFICS UNKNOWN	 49 SPECIFICS UNKNOWN	 51 SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 52 SPECIFICS OTHER	 53 SPECIFICS UNKNOWN	 55 SPECIFICS UNKNOWN	 57 SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	 62 SPECIFICS OTHER  63 SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 SPECIFICS OTHER	 67 SPECIFICS UNKNOWN	 69 SPECIFICS UNKNOWN	 71 SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 SPECIFICS OTHER	 74 SPECIFICS UNKNOWN	 75 SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 80 SPECIFICS OTHER	 82 SPECIFICS UNKNOWN	 84 SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 SPECIFICS OTHER	 88 SPECIFICS UNKNOWN	 90 SPECIFICS UNKNOWN	 91 SPECIFICS UNKNOWN	 93 SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	 98 Other Accident Type	 99 Unknown Accident Type	 00 No Impact

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 3
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 0 0

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.670
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
3.685 lbs X .4536 = 1.672 kgs

Source: _____

44. Vehicle Cargo Weight 9.990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 0 0
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 0 0
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 0 0
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) Ø52. Rear Override/Underride (this Vehicle) Ø

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
(997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle Ø 7 554. Heading Angle For Other Vehicle 2 7 Ø**RECONSTRUCTION DATA**55. Towed Trailing Unit Ø

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle Ø

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) Ø

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) Ø 7

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

61. Lateral Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

62. Energy Absorption

Highest

999.9 00

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

φ

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
66. Estimated Highest Delta V (Researcher Determined) <u>6</u> (0) Reconstruction Delta V coded <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe (9) Unknown	67. Type of Vehicle Inspection <u>ϕ</u> (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): (3) Complete inspection DELTA V EVENT NUMBER 68. Delta V Event Number <u>1</u> Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>1</u> <u>0</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9</u> <u>6</u> <u>2</u> <u>4</u>		

VEHICLE IDENTIFICATION

VIN F10HP _____ Model Year 77
Vehicle Make (specify): FORD Vehicle Model (specify): F-100 4x2

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
	No	Inspection	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>117.0</u>	inches	x	2.54	=	<u>297.2</u>	cm
Overall Length	<u>189.2</u>	inches	x	2.54	=	<u>480.6</u>	cm
Maximum Width	<u>79.1</u>	inches	x	2.54	=	<u>200.9</u>	cm
Curb Weight	<u>3,685</u>	pounds	x	0.4536	=	<u>1,671.5</u>	kg
Average Track	— — —	inches	x	2.54	=	— — —	cm
Front Overhang	<u>31.7</u>	inches	x	2.54	=	<u>80.5</u>	cm
Rear Overhang	<u>40.6</u>	inches	x	2.54	=	<u>103.1</u>	cm
Undeformed End Width	— — —	inches	x	2.54	=	— — —	cm
Engine Size: cyl/disl.	— — —	cc	x	0.001	=	— — —	L
V-8	<u>351</u>	CID	x	0.0164	=	<u>5.8</u>	L

Shipping Weight

V6

3,485
100

3,585

V6 → V8

100
3,685

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} F100 Color: {specify} Green Repair Cost: \$

Transmission: {circle} Automatic | Manual Speed: 3-speed | 4-speed | 5-speed | Other:

Steering: {circle} Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other
{please describe}: recirculating ball

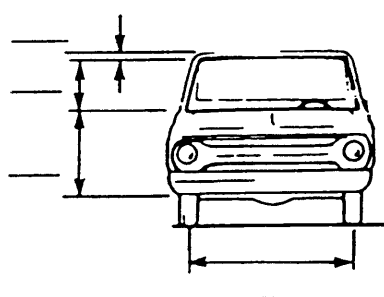
Brakes: {circle} Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
? front disc, rear drum | Other:

Observed Defects: {specify}

Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other
{please describe}:

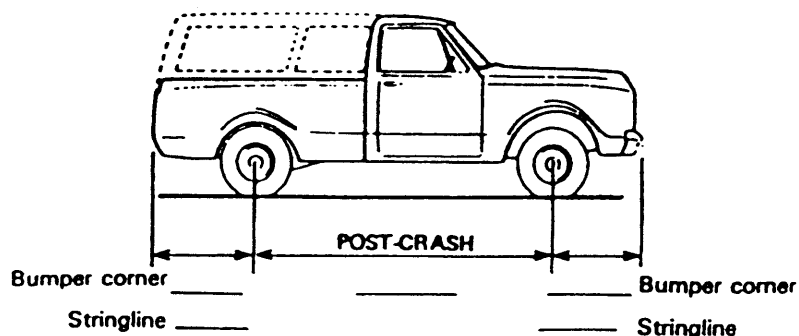
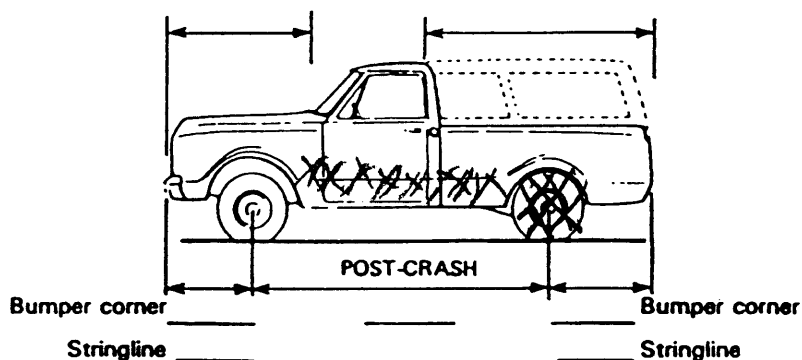
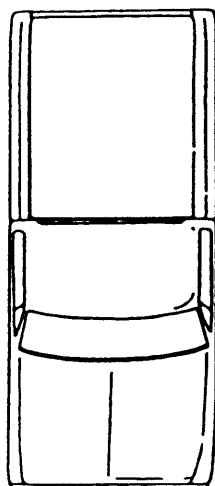
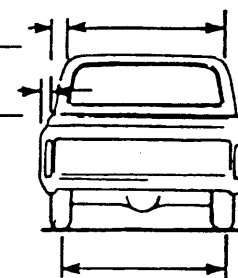
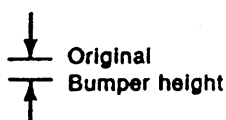
VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>8</u> LR <u>8</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>297</u> cm Overall Length <u>481</u> cm Maximum Width <u>201</u> cm Curb Weight <u>1672</u> kg Average Track _____ cm Front Overhang <u>81</u> cm Rear Overhang <u>103</u> cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>V8/5.8</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm _____ ° LF \pm _____ ° RR \pm _____ ° LR \pm _____ ° Within \pm 5 degrees	
TYPE OF TRANSMISSION ? <input type="checkbox"/> Manual <input type="checkbox"/> Automatic • END SHIFT \geq 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No				DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight _____ kg	



MEASUREMENTS IN CENTIMETERS

Per Photograph



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

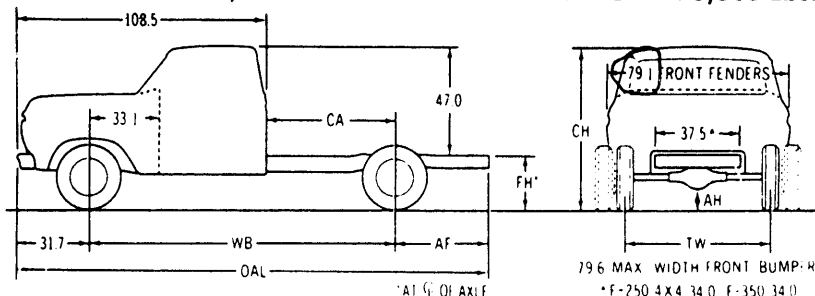
AUTOMOBILE REFERENCE BOOK

Model	No. Cyl.	Bore & Stroke	Tax. H.P.	Max. G.V.W.	Type of Body	Shipping Weight	W.B.	Ins. Wgt. Class	List Price
1977									
ECONOLINE PARCEL DELIVERY OR CUTAWAY VANS									
E-250 Parcel Delivery Vans—Single Rear Tires—3/4 Ton Rating—6 Cyl. 300 Eng.									
E280	6	4.00x3.98	38.4	7,700	12'x7' Van Bdy.	5,290	138"	L	\$ 6,044.80
E270				8,400	Cutaway	3,835	138"		NA
Stripped Chassis Wgt.: Either Model 3,020 lbs.									
E-350 Parcel Delivery Vans—Dual Rear Tires—3/4 Ton Rating to 8,750 lbs. GVW—6 Cyl. 300 Eng.									
E380	6	4.00x3.98	38.4	8,750	12'x8' Van Bdy.	5,600	138"	L	\$ 6,478.88
E370				8,700	Cutaway	3,880	138"		NA
Stripped Ch. Weights: Parcel Delivery Vans—138" W.B. 3,185 lbs., 158" W.B. 3,425 lbs.									
Optional GVW Package: (1 Ton Rating) E381-138" W.B.—9,800 lbs. (L) \$450.									
E-350 Parcel Delivery Vans—Dual Rear Tires—1 Ton Rating—V8-351 & V8-460 Eng.									
E382	8	4.00x3.50	51.2	10,000	14'x8' Van Bdy.	6,040	158"	L	\$ 7,094.88
E383	8	4.36x3.85	60.8	10,500	14'x8' Van Bdy.	6,040	158"	M	7,315.73
E374				11,000	Cutaway	4,240	158"	M	NA
Optional Equip.: V8-351 Eng. \$175; V8-460 Eng. 7,700 thru 9,800 lbs. GVW 138" W.B. only, \$432, 10,000 lbs. GVW w/158" W.B. (E350 only) \$257; Cruise-O-Matic Trans. \$319; Rear Axle 5,300 lbs. Dana 61—\$160; Air Conditioner—w/351 Eng. \$605 (For 10,500 GVW E350 only \$592); w/460 Eng. \$585 (for 10,500 GVW E350 only, \$572; Emission System \$90; Radio AM \$79, AM/FM \$132; Power Steering \$183.									
CLUB WAGONS									
E100 Club Wagons—1/2 Ton Rating—6 Cyl. 300 Gas Eng.									
E01	6	4.00x3.98	38.4	5,500	5-Ps. Club Wag.	4,090	124"	L	\$ 5,301.70
E02				5,900	8-Ps. Club Wag.	4,220	124"		5,381.85
E150 Club Wagon—1/2 Ton Rating—6 Cyl. 300 Gas. Eng.									
E11	6	4.00x3.98	38.4	6,200	5-Ps. Club Wag.	4,225	124"	L	\$ 5,505.20
E12				6,300	8-Ps. Club Wag.	4,285	124"		5,585.20
E11	6	4.00x3.98	38.4	6,300	5-Ps. Club Wag.	4,225	138"	L	\$ 5,626.20
E12				6,300	8-Ps. Club Wag.	4,285	138"		5,707.20
E-250 Club Wagon—3/4 Ton Rating—6 Cyl. 300 Gas. Eng.									
E21	6	4.00x3.98	38.4	6,900	5-Ps. Club Wag.	4,735	138"	L	\$ 5,746.40
E22				7,100	8-Ps. Club Wag.	4,845	138"		5,827.40
E23				7,700	12-Ps. Club Wag.	5,020	138"		5,942.40
Optional Equip.: V8-351 Eng. (E-100 only) \$182, (E-150 & 250—\$175); V8-460 (E-250 only) \$432 Cruise-O-Matic Trans. \$319. Rear Axles—3,600 lbs. for E-100 & 150 only, \$160; 5,300 lbs. for E-250, \$160. Air Conditioner, Dash Mounted, w/V8-351, Standard \$605; for Custom or Chateau \$555; w/V8-460, Standard \$585; for Custom or Chateau Club Wag. \$533. Air Cond., High Capacity, Approx. \$361 above Dash Mounted. Emission System, E100, \$70; others \$90. Radio, AM \$79, AM/FM \$132. Speed Control \$123. Power Steering \$183.									
CONVENTIONAL TRUCKS—LIGHT DUTY (F-100, F-150, F-250, F-350 Series—Gasoline)									
F100 Series—4x2—1/2 Ton Rating—6 Cyl. 300-IV									
F173	6	4.00x3.98	38.4	4,900	Ch/Cab	3,135	117"	L	\$ 3,758.45
F103				4,900	SS Pickup	3,485	117"		3,988.45
Optional GVW Package: 5,250 lbs. (L) \$98.									
F171	6	4.00x3.98	38.4	4,700	Ch/Cab	3,165	133"	L	\$ 3,809.45
F101				4,700	SS Pickup	3,585	133"		4,038.45
Optional GVW Package: 5,100 lbs. (L) \$34; 5,400 lbs. (L) \$132.									
X17N	6	4.00x3.98	38.4	5,200	Ch/Super Cab	3,400	138.8"	L	\$ 4,159.45
X10N				5,200	Su. Cab/Pkup	3,755	138.8"		4,389.45
Optional GVW Package: 5,500 lbs. (L) \$102.									
X17N	6	4.00x3.98	38.4	5,200	Ch/Super Cab	3,425	155"	L	\$ 4,210.45
X10N				5,200	Su. Cab/Pkup.	3,845	155"		4,440.45
Optional GVW Package: 5,650 lbs. (L) \$102.									
Stripped Ch. Wgts.: (F100 Series): Reg. Cab 117" W.B. 2,125 lbs., 133" W.B. 2,155 lbs.; Super Cab 138.8" W.B. 2,140 lbs., 155 W.B. 2,165 lbs.									
Optional Equip.: V8-302 Eng. \$87; V8-351 Eng. \$213; V8-400 Eng. \$372. Transmissions: 4-Spd. Man. \$142; Auto. \$319. Traction-Lok Rear Axle \$105. Air Conditioner \$513. Power Brakes \$68. Emission System \$70. Radio AM \$79, AM/FM \$132. Power Steering \$173.									

FORD F-100 SERIES

Standard GVW: 4,800 Lbs.

Maximum GVW: 5,800 Lbs.



ENGINE: Standard: Ford 4.9 Litre (300) Six, 119 net horsepower.
Optional: Ford 5.0 Litre (302) V-8, 136 NHP (reg. cab only). (Std. Calif.).
Ford 5.8 Litre (351) V-8, 162 net horsepower.
 MODELS AVAILABLE: Regular Cab - Chassis-cab; 6.75' and 8' Styleside or 6.5' or 8' Flareside Pickups.
Super Cab - Chassis-cab; 6.75' or 8' Styleside Pickups.

GVW RATING		MINIMUM EQUIPMENT REQUIRED FOR GVW RATING	
<u>117" wbs.</u>	133" wbs.		
4,800	4,800	Standard	
-----	5,200	3,300 r. axle; 2,950 r. springs; G78-15B tires	
5,300	5,500	3,300 fr. & 3,750 r. axles; 3,350 r. springs; power brakes; H78-15B tires	

138.8" wbs.	155" wbs.		
5,200	5,200	Standard - Super Cab	
5,600	5,800	3,350 r. axle; 1,330 fr. springs; power brakes	
CHASSIS-CAB CURB WEIGHTS & DIMENSIONS: (Std. equip., fuel, water & oil)			

WB	CA	AF	OAL	Front	Rear	Total
<u>117</u>	40	<u>40.6</u>	<u>189.2</u>	2,036	1,178	3,214
133	56.2	40.6	205.4	2,093	1,151	3,244
138.8*	40	40.6	211.2	2,242	1,319	3,561
155*	56.2	40.6	227.4	2,300	1,311	3,611

*Super Cab

GENERAL SPECIFICATIONS

FRONT AXLE: Ford Twin I-beam, rated capacity 2,750 lbs. (3,300 lb. rating for optional GVWR).

REAR AXLE: Ford 2900, single reduction, hypoid, rated capacity 2,900 lbs., ratio 2.75, 6.8" clearance. Optional: Standard axle with 3.00, 3.25, 3.50 ratios; Ford or Dana 3750, 3,750 lb. capacity with or without Traction-Lok.

FORD F-100 SERIES

SERVICE BRAKES: Dual hydraulic, self-adjusting, 11.54 rotor disc front, 222.4 sq. in. lining area, 11-1/32 x 2-1/4 drum rear, 95.84 sq. in. lining area. Optional: 10.96" dia. vacuum booster power brakes.

PARKING BRAKES: Cable actuation of rear brakes, foot-operated.

CLUTCH: Single plate, dry disc, 11" dia., 123.7 sq. in. frictional area.

COOLING SYSTEM: 14.4 quart capacity, 427 sq. in. frontal area radiator.

DRIVE LINE: Tubular shafts, needle bearing universal joints.
 ELECTRICAL SYSTEM: 12 volt; 40 amp. alternator; 41 amp. hr. battery (53 amp. Super Cab).

FRAME: 36,000 psi steel single channel; 117" wbs., 6.65 x 2.38 x 0.146 side rails, 3.19 section modulus; 133" wbs., 6.66 x 2.39 x 0.154 side rails, 3.27 section modulus; 138.8" & 155" wbs., 6.93 x 2.70 x 0.93 side rails, 4.43 section modulus.

FUEL TANK: 19.2 gallon capacity, rear, frame mounted. Optional: 20.2 gallon LH frame mounted tank; 17.5 gallon in-cab tank; 39.4 or 38.0 gallon dual tanks.

STEERING: Manual, recirculating ball, ratio 24.1, 17" dia. wheel. Optional: Integral power steering.

SUSPENSION: Front - Computer selected coil springs, minimum rating at ground 1,250 lbs. (1,330 lbs. 155" wbs.). Rear - Semi-elliptic, two-stage, variable rate, 56 x 2.5, 4-leaf, capacity at ground 1,475 lbs. (1,275 lbs. 133" wbs.).
 Optional: Front - HD coil springs. Rear - 1,475 lb. capacity w/4,800 lb. GVW; 1,675 lb. capacity w/4,800, 4,900, 5,200 lb. GVW. Auxiliary - Single leaf, 34.5 x 2.5, capacity 400 lbs. w/1,475 lb. spring regular cab; 415 lb. capacity w/1,675 lb. spring Super Cab.

TRANSMISSION: Ford, 3-speed direct, fully synchronized, ratios 2.99, 1.75, 1.00 reverse 3.17. Optional: Ford, 4-speed overdrive, manual (N/A 400 V-8); Cruise-O-Matic, 3-speed automatic (Req. Calif.).

WHEELS AND TIRES: F78-15B (PT) 4 pr (H78-15B Super Cab) front, single rear and spare tubeless tires on 5.5K rims, 5-hole disc wheels.

STANDARD EQUIPMENT: 108.5" BBC custom cab; dry type air cleaner; emission control system; solid state ignition; front and rear shock absorbers.

OPTIONAL EQUIPMENT: One pint oil bath air cleaner; increased capacity electrical and cooling system; air conditioning; Ranger or Ranger XLT cab; convenience group; Northland Special package; spare tire carrier; trailer towing package; Ranger Lariat Package; free wheeling package.

FORD

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
(32) Rollover — end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

(36) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify):

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

- (75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>11</u>	7. <u>L</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
							+
							-

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
							+
							-

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 998
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
(For highest severity impact) 999
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase 297
 _____ Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

29. Original Average Track Width 999
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input checked="" type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: <u>curve ahead; no passing; double yellow center lines</u> <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input checked="" type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 ? <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	bed of pickup (V-2) hit (L) side of V-1

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

[] YES - - ASK THE FOLLOWING QUESTIONS

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

[] YES -- ASK THE FOLLOWING QUESTIONS

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify):	
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes - - specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown	

Describe any additional rollover or fire information here:

"horrible smell, seemed like smoke, could have been powder I guess"

ADDITIONAL VEHICLE INFORMATION



YEAR, MAKE AND MODEL?	Year: 19 <u>96</u> Make: <u>Plymouth</u> new in [REDACTED] Model: <u>Neon 4-door</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input checked="" type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input checked="" type="checkbox"/> LR <input type="checkbox"/> RR <input checked="" type="checkbox"/> BL <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <u>2 bags of groceries</u> Approximate weight - <u>15?</u> pounds <u>6.8 kg</u>
VEHICLE MILEAGE	<u>5000 ?</u> miles <input type="checkbox"/> Unknown <u>8,047 m</u>
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: 	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input checked="" type="checkbox"/> Other: <u>open country</u>
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input checked="" type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: <u>0</u> Months: <u>6</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>5,000 miles (approx) on new car</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input checked="" type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	(R) front	(R) back
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	[] M [<input checked="" type="checkbox"/>] F - Not pregnant [] F - Pregnant - # of months _____ [] F - Unk. if pregnant HEIGHT: <u>5'6"</u> WEIGHT: <u>130 lbs</u> AGE: <u>36</u> DRIVER OF HISPANIC ORIGIN? [<input checked="" type="checkbox"/>] Y [] N [] U	[<input checked="" type="checkbox"/>] M [] F - Not pregnant [] F - Pregnant - # of months _____ [] F - Unk. if pregnant HEIGHT: <u>48" 12.9</u> WEIGHT: <u>54 lbs 24</u> AGE: <u>6</u> 	[<input checked="" type="checkbox"/>] M [<input checked="" type="checkbox"/>] F - Not pregnant [] F - Pregnant - # of months _____ [] F - Unk. if pregnant HEIGHT: <u>35" 58.9</u> WEIGHT: <u>40 lbs 18.1</u> AGE: <u>2 1/2</u> 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	[] Leaning to left [] Leaning to right [<input checked="" type="checkbox"/>] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above	[] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above G - leaning forward	[] Leaning to left [] Leaning to right [<input checked="" type="checkbox"/>] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F	Indicate all letters that apply and further describe as needed A M - arms at side - normal for sitting	Indicate all letters that apply and further describe as needed asleep in child seat seat has close-fitting side panels; head leaning to side, but not slumped

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <i>leaning forward</i>	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input checked="" type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input checked="" type="checkbox"/> Unknown</td> </tr> </table>	PRE	POST	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input checked="" type="checkbox"/> Unknown</td> <td><input checked="" type="checkbox"/> Unknown</td> </tr> </table>	PRE	POST	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<table border="0"> <tr> <td>PRE</td> <td>POST</td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	PRE	POST	<input checked="" type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

☒ Not adjustable ☐ Full up ☐ Between full up and center
☐ Center ☐ Between center and full down
☐ Full down ☐ Unknown

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

☒ Not adjustable ☐ Full back ☐ Between full back and midpoint
☐ Midpoint ☐ Between midpoint and full forward
☐ Full forward ☐ Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No

☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☒ Talking to or listening to another occupant (specify): *talking with occ. #2*
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify): *occ. #3 asleep*
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe) <u>N/A</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe) <u>N/A</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe) <u>N/A</u>
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <u>N/A</u> <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <u>N/A</u> <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <u>N/A</u> <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input checked="" type="checkbox"/> Other (specify): <u>Safety seat</u> <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input checked="" type="checkbox"/> Other (specify): <u>Safety seat</u> <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

National Accident Sampling System-Crashworthiness Data System: Interview Form

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>				
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.				
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment				
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <i>2 yrs old</i> <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown				
Further describe any ejection, entrapment, or mobility information here: <table border="0"> <tr> <td>How did occupant(s) depart the crash scene?</td> <td> <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> <td> <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> <td> <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify) </td> </tr> </table>				How did occupant(s) depart the crash scene?	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)
How did occupant(s) depart the crash scene?	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police or Tow vehicle <input type="checkbox"/> Relative (specify) <input type="checkbox"/> Friend (specify) <input type="checkbox"/> Other (specify)				

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: <u>None</u> OCCUPANT # <u>3</u>
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <u>N/A</u> <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <u>N/A</u>
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <u>N/A</u> If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <u>eye glasses - gone</u> <u>never saw them again</u> <u>wrist watch - in</u> <u>pieces in back seat</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <u>N/A</u>
Describe any additional information here:			

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

[☒] YES (IF "YES" COMPLETE THIS SECTION)[☐] NO [☐] UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # <u>3</u>	OCCUPANT # <u> </u>
MAKE AND MODEL OF THE SAFETY SEAT?		"Grayco"	
TYPE OF SEAT?		<input type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input checked="" type="checkbox"/> Other (specify): <u>looped through frame</u> <input type="checkbox"/> Unknown <u>per instructions</u>	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input checked="" type="checkbox"/> Harness <input checked="" type="checkbox"/> Shield <u>buckle between legs</u> <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - # of days <u>1?</u> <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <u>mental health assistance</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <u>not able to discuss</u> <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>4 weeks</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u>mail</u> TIME: _____ PLACE: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u>mail</u> TIME: _____ PLACE: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u>mail</u> TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 96 Vehicle Number 01 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): driver(Same person)minor abrasions
over whole face

UNK

several small
lacerations
on faceflying
glass**SOFT TISSUE/INTERNAL INJURIES**

Contusion

Ⓛ jaw

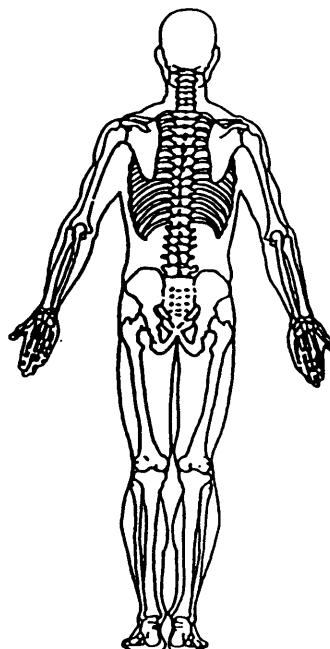
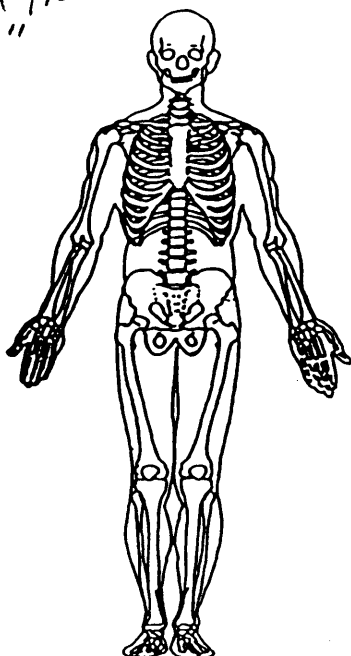
UNK

contusions &
abrasions, Ⓛ &
Ⓡ forearms,
elbow to
wrist"I was told these
were from the
airbag"

Contusion

Ⓛ Knee

UNK

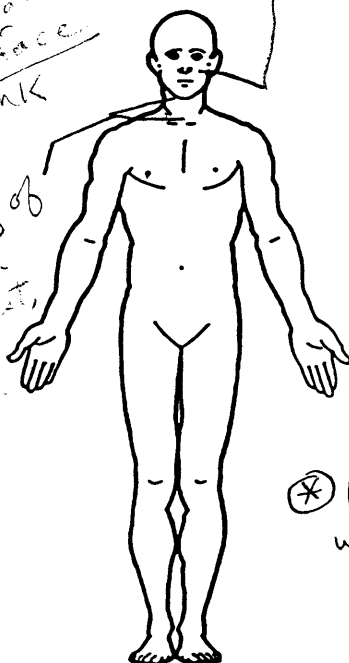
SKELETAL INJURIESChest pain -
hurt to
breathe deeply,
no bruises
developed"I was told this
was from the
airbag"

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number-Stratum 96Vehicle Number 01Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): driver(mother)**SOFT TISSUE/INTERNAL INJURIES**

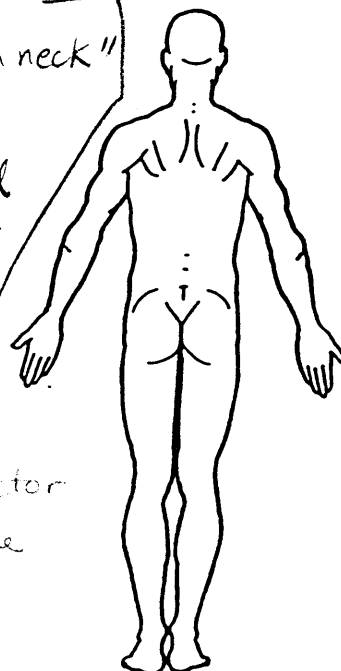
⊗ 3 small
lacerations
face
unk

⊗ bruising of
neck and
upper chest,
unk

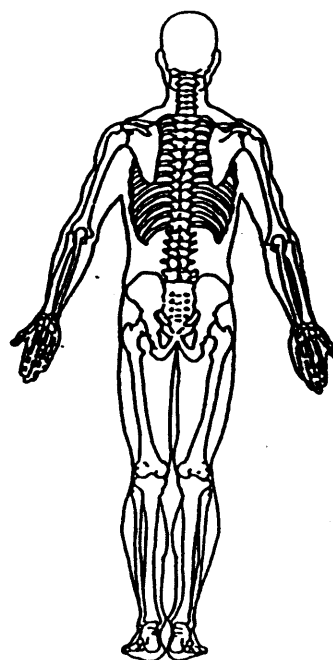
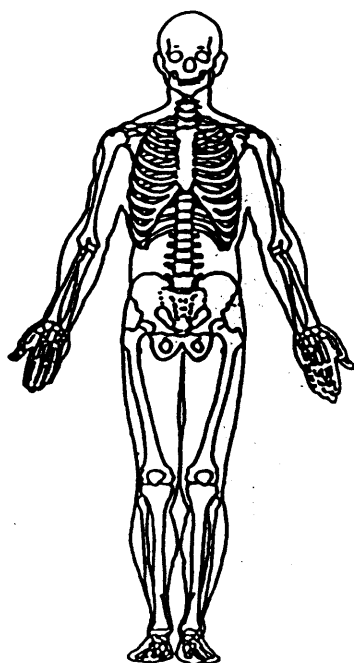


fatal - "broken neck"

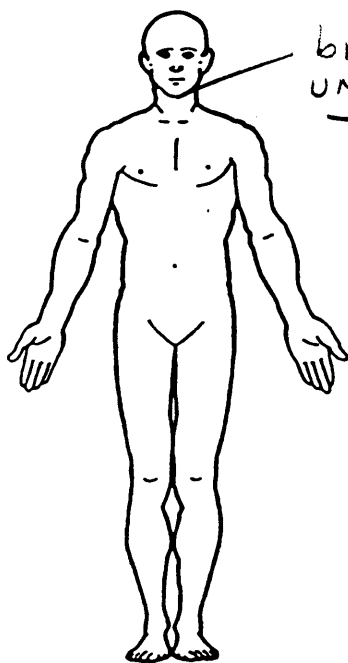
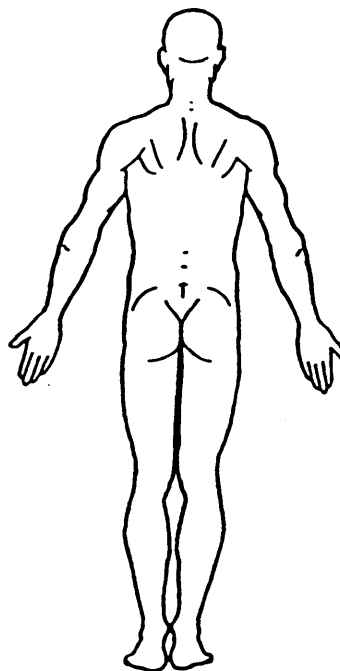
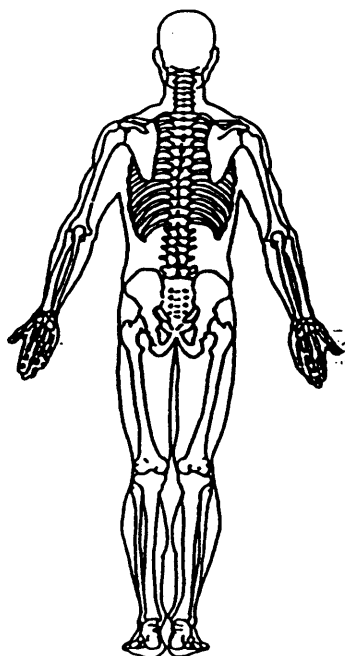
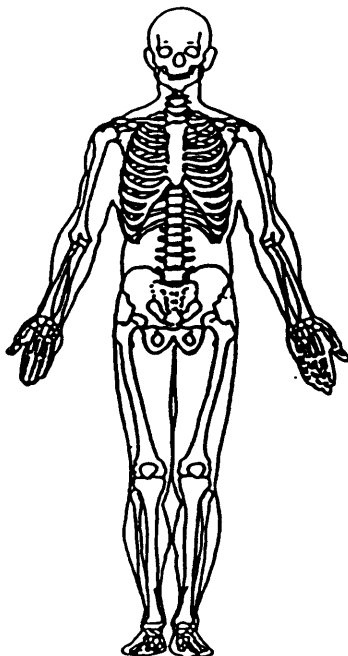
driver is
distraught and
weeping - not
able to
discuss



⊗ per funeral director
who embalmed the
body

SKELETAL INJURIES

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number 01 Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): driver
(mother)**SOFT TISSUE/INTERNAL INJURIES**bruise
under chin
UNK**SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9624

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 36

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 168

Code actual height to the nearest
centimeter.

(999) Unknown

66 inches X 2.54 = 168 centimeters

8. Occupant's Weight 059

Code actual weight to the nearest
kilogram.

(999) Unknown

130 pounds X .4536 = 059 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**Ø

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection AreaØ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection MediumØ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)Ø

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. EntrapmentØ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>9</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>Φ 4</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>Φ</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>Φ</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p>	<p>25. Automatic (Passive) Belt System Type <u>Φ</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>Φ</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>9</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>Φ</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>4</u></p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown"</p> <p>29. Police Reported Air Bag Availability/Function <u>2</u></p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>Ø</u></p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>Ø</u></p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[] Vehicle inspection [] Official injury data [✓] Driver/occupant interview [] Other (specify): _____</p> <p>[] Unknown if belt used _____ _____ _____ _____</p>	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 996

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 3

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 3

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 96

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 96
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

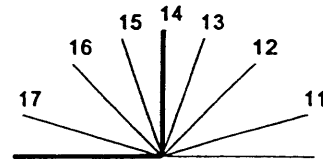
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints *Per photo*
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 99
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat *Per Photos*
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 4
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track per interviewee
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 99

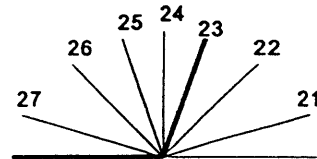
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

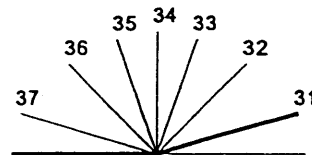
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model Ø Ø Ø

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat Ø

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation Ø Ø

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage Ø Ø59. Child Safety Seat Shield Usage Ø Ø60. Child Safety Seat Tether Usage Ø ØNote: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 20

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 24 hours, 2 days = 48, ... n days = 24 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death

68. 2nd Medically Reported Cause of Death

69. 3rd Medically Reported Cause of Death

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9624

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
Abrasions over whole face	5th	7	2	9	02	02	1	0	170	2	1	00
Contusion (L) jaw 2nd	16th	7	2	9	04	02	1	2	170	2	1	00
Lacerations (L) face 3rd	27th	3	2	9	06	02	1	2	602	2	3	00
Abrasion (R) forearm 4th	38th	7	7	9	02	02	1	1	170	2	1	00
Contusions (R) forearm 5th	49th	7	7	9	04	02	1	1	170	2	1	00
Abrasion (L) forearm 6th	60th	3	7	9	02	02	1	2	170	2	1	00
Contusion (L) forearm 7th	71th	3	7	9	04	02	1	2	170	2	1	00
Lacerations (L) + (R) hands 8th	82th	3	7	9	06	02	1	3	602	3	3	00
Abrasion (L) knee 9th	93th	3	8	9	04	02	1	2	010	2	1	99
Contusion (L) knee 10th	104th	6	8	9	04	02	1	2	010	2	1	99

OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A I.S Severity					Aspect
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity		is assigned to an injury NFS as to severity or	(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:	where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Driver with seatbelt (ER)
 Restrained driver of small car (ET)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

— No

✓ Yes

(ER, ET)

Blood Alcohol Level
 (mg/dl)

BAL = ____

Glasgow Coma
 Scale Score

GCSS = 15
 (ET)

Units of Blood
 Given

Units = ____

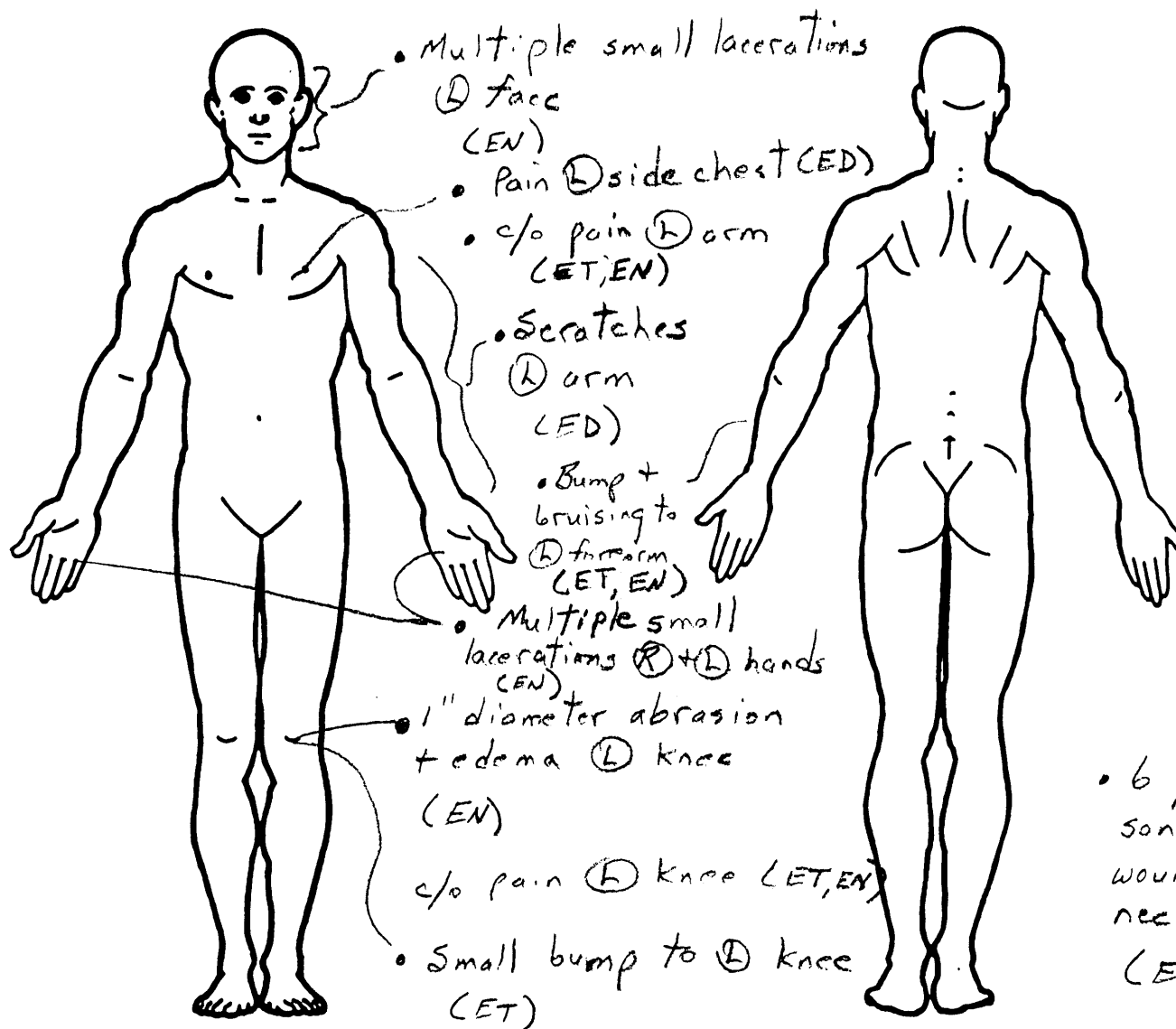
Arterial Blood Gases

pH = ____

PO₂ = ____

PCO₂ = ____

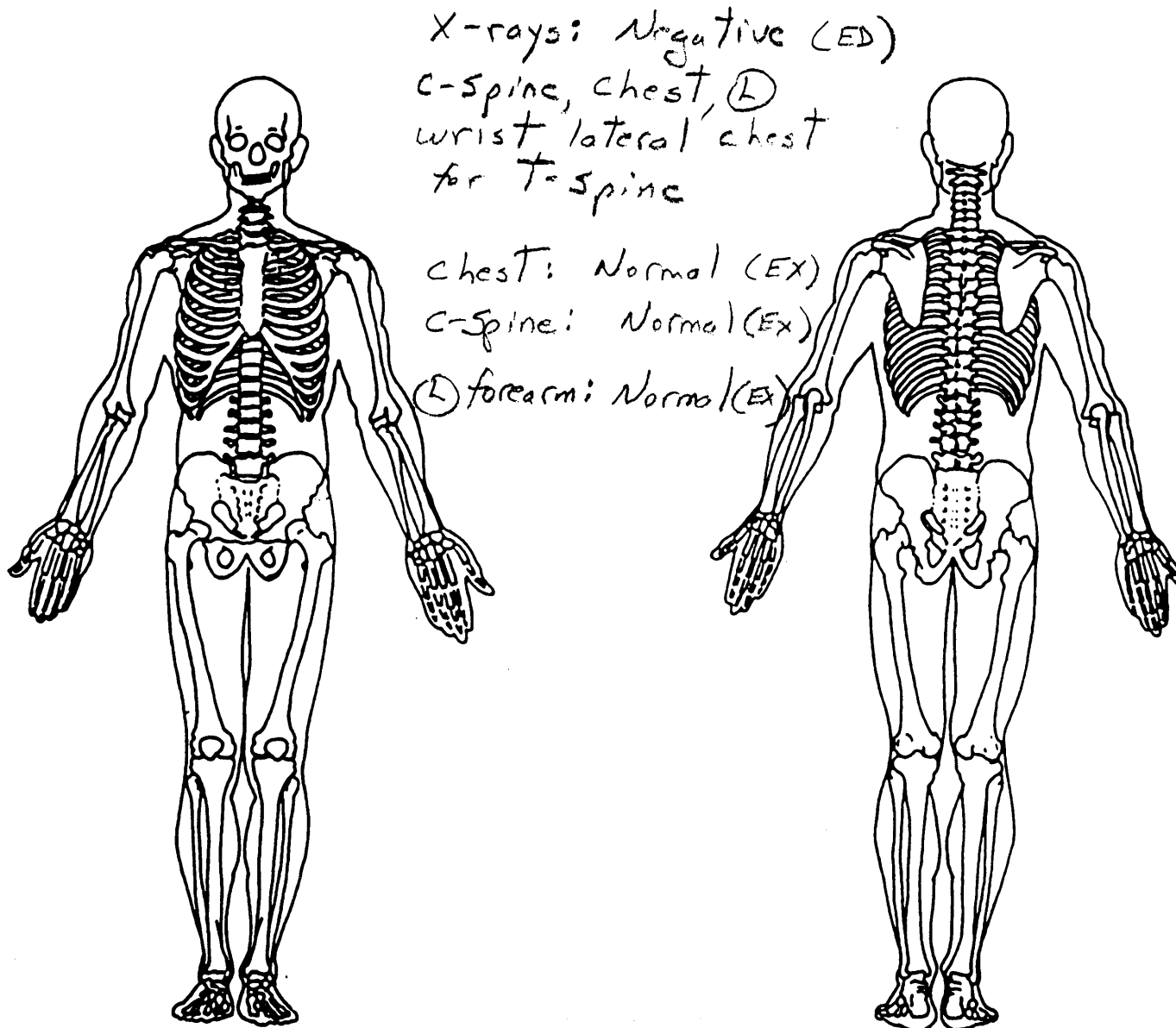
HCO₃ = ____



• 6 year-old son was fatally wounded with neck fracture (ED)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



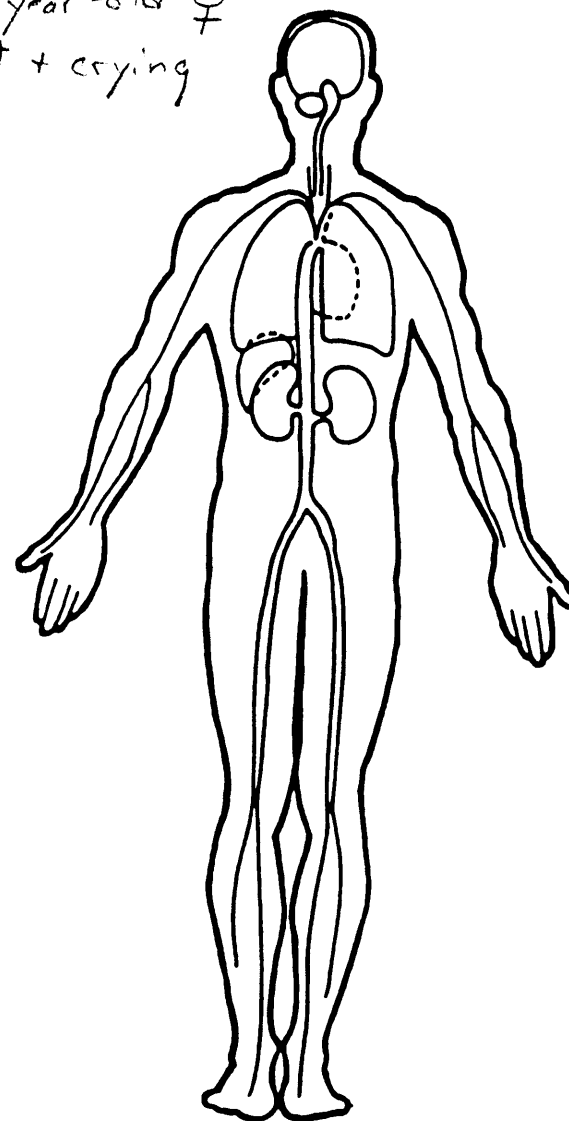
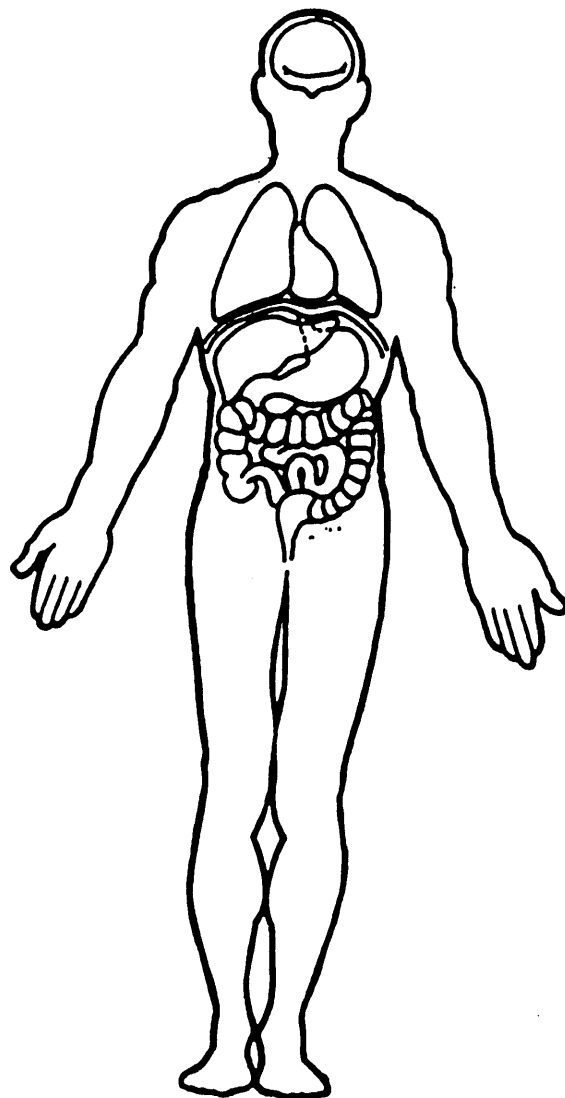
INJURY SOURCES

- FRONT**
- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____
- LEFT SIDE**
- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____
- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____
- INTERIOR**
- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____
- AIR BAG**
- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry
- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____
- ROOF** *
- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- FLOOR**
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake
- REAR**
- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____
- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**
- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____
- EXTERIOR of OCCUPANT'S VEHICLE**
- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects
- EXTERIOR OF OTHER MOTOR VEHICLE**
- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle
- OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object
- NONCONTACT INJURY**
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Pt Alert + oriented, very upset.
Pt holding 2 year-old ♀
also very upset + crying
(ET)



CAUSE OF DEATH

ICD-9-CM

913.0 Abrasions/friction burns of elbow, forearm, or wrist

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

GENERIC FORMAT

THIS AREA MAY BE USED FOR CUSTOM INFORMATION

ACCOUNT NO. [REDACTED]		ADMISSION DATE [REDACTED] / 96		MEDICAL RECORD NO. [REDACTED]	
ROOM / BED [REDACTED]		ADMISSION TIME [REDACTED]		FINANCIAL CLASS U	
TYPE REG		LOCATION / SERVICE ERM		SOCIAL SECURITY NO. [REDACTED]	
PATIENT			PATIENT		
NAME [REDACTED]			DATE OF BIRTH [REDACTED] / 60		
STREET [REDACTED]			AGE 36		
CITY / STATE / ZIP [REDACTED]			SEX F		
HOME PHONE [REDACTED]			RACE CA		
COUNTY [REDACTED] COUNTY			RELIGION NO		
			MAR. STS. MARRIED		
PATIENT EMPLOYER			PERSON TO NOTIFY		
NAME PEDIATRIC CARE			NAME [REDACTED]		
STREET [REDACTED]			STREET [REDACTED]		
CITY / STATE / ZIP [REDACTED]			CITY / STATE / ZIP [REDACTED]		
PHONE [REDACTED]			PHONE [REDACTED] RELATIONSHIP		
GUARANTOR			NEXT OF KIN		
NAME [REDACTED]			NAME [REDACTED]		
STREET [REDACTED]			STREET [REDACTED]		
CITY / STATE / ZIP [REDACTED]			CITY / STATE / ZIP [REDACTED]		
PHONE [REDACTED] SOCIAL SEC. NO. 000-00-0000			PHONE [REDACTED] RELATIONSHIP MO		
GUARANTOR EMPLOYER			ACCIDENT DATE [REDACTED] / 96 TIME 1700		
NAME [REDACTED]			ARRIVAL MODE AM		
STREET [REDACTED]			PHYSICIAN 1 [REDACTED] M.D.		
CITY / STATE / ZIP [REDACTED]			PHYSICIAN 2 [REDACTED]		
PHONE [REDACTED]					
INSURANCE [REDACTED]		POLICY NUMBER [REDACTED]		COVERAGE NO. SUBSCRIBER [REDACTED]	
ACCIDENT ACCIDENT, AUTO					
COMMENT 913.0 E812.0					
REASON FOR VISIT					
USER MONT. SAR					

TITLE AREA

Section A: Assessment Data

Section A: Assessment Data	Patient Name:	Age: DASA	SEX: F	Triage Time:	Triage Class: <input type="checkbox"/> 1. Emergent <input type="checkbox"/> 2. Urgent <input type="checkbox"/> 3. Non-Urgent	Private Physician
	Mode: <input type="checkbox"/> private car <input checked="" type="checkbox"/> ambulance	Allergies: <input checked="" type="checkbox"/> none <i>Codine</i>		Ht. / Wt.:	Immunization status:	LMP date: <input type="checkbox"/> normal
	Chief Complaint/Mechanism of Injury: <i>MVA Driver - Seatbelt</i>			Medical History/Chronic Conditions: <input type="checkbox"/> none		
	Treatment prior to arrival:			Current Medications: <input checked="" type="checkbox"/> none		
	Objective:					
	P72R24			Triage Nurse: <i>/ knee</i>		

Section C: Implementation

[illegible]

PATIENT IDENTIFICATION:

DISCHARGE IMPRESSION

PHYSICIAN SIGNATURE

PATIENT NAME: [REDACTED]
UNIT NO: [REDACTED]

EXAMS: CHEST 2 VIEWS

CLINICAL HISTORY: Motor vehicle accident.

CHEST, PA AND LATERAL: [REDACTED]/96

There is no obvious active infiltrate, pleural effusion nor pulmonary vascular congestion; and the mediastinal, hilar and osseous structures are normal.

IMPRESSION: Normal study.

*** REPORT SIGNATURE ON FILE ***
[REDACTED], M.D. [REDACTED]/96

CC: [REDACTED]; VENDOR COPY

TRANSCRIBED DATE/TIME: [REDACTED]/96 (1904)

TRANSCRIPTIONIST: VASO.FRAM

PRINTED DATE/TIME: [REDACTED]/96 (1807) BATCH NO: [REDACTED]

PAGE 1

CHART COPY

NAME: [REDACTED]
PHYS: [REDACTED], M.D.
DOB: [REDACTED]/60 AGE: 36 SEX: F
ACCT NO: [REDACTED] LOCATION: ERM
EXAM DATE: [REDACTED]/96 STATUS: ER
RADIOLOGY NO:

PATIENT NAME: [REDACTED]
UNIT NO: [REDACTED]

EXAMS: CERVICAL SPINE 3 VIEWS

CLINICAL HISTORY: Motor vehicle accident.

CERVICAL SPINE, THREE VIEWS: [REDACTED]/96

There is no evidence of fracture, malalignment nor loss of disc space. No soft tissue swelling is seen. The visualized areas of the skull are normal.

IMPRESSION: Normal study. If symptoms persist, I recommend a repeat examination in 10 to 14 days for comparison, or sooner, if indicated clinically.

*** REPORT SIGNATURE ON FILE ***
[REDACTED] M.D. [REDACTED]/96

CC: [REDACTED], VENDOR COPY

TRANSCRIBED DATE/TIME: [REDACTED]/96 (1905)

TRANSCRIPTIONIST: VASQ.FRAM

PRINTED DATE/TIME: [REDACTED]/96 (1807) BATCH NO: [REDACTED]

PAGE 1

CHART COPY

NAME: [REDACTED]
PHYS: [REDACTED] M.D.
DOB: [REDACTED]/60 AGE: 36 SEX: F
ACCT NO: [REDACTED] LOCATION: ERM
EXAM DATE: [REDACTED]/96 STATUS: ER
RADIOLOGY NO:

PATIENT NAME: [REDACTED]
UNIT NO: [REDACTED]

EXAMS: FOREARM

CLINICAL HISTORY: Motor vehicle accident.

LEFT FOREARM, THREE VIEWS: [REDACTED]/96

There is no indirect nor direct evidence of fracture nor dislocation at this time. There is no evidence of arthritic changes.

IMPRESSION: Normal study. If symptoms persist, I recommend a repeat examination in 10 to 14 days for comparison, or sooner, if indicated clinically.

*** REPORT SIGNATURE ON FILE ***
[REDACTED]/96

CC: [REDACTED]; VENDOR COPY

TRANSCRIBED DATE/TIME: [REDACTED]/96 (1906)

TRANSCRIPTIONIST: VASQ.FRAN

PRINTED DATE/TIME: [REDACTED]/96 (1807) BATCH NO: [REDACTED]

PAGE 1

CHART COPY

NAME: [REDACTED]
PHYS: [REDACTED], M.D.
DOB: [REDACTED]/60 AGE: 36 SEX: F
ACCT NO: [REDACTED] LOCATION: ERM
EXAM DATE: [REDACTED]/96 STATUS: ER
RADIOLOGY NO:

MS SERVICE REPORT

Public Health Division
Primary Care and EMS Bureau☐ MULTI - PATIENT
___ OF ___ PATIENTS

Service Name

Service Number

1
2
Unit Number

Run Number

Mo. Day Year
/96

Last

First

M.I.

Phone

Sex

Age

Birthdate

PATIENT

NAME

☐ M
☒ F

36

/60

RESIDENT STATUS

CALLER

PATIENT

ADDRESS

CITY

STATE

ZIP

LOCATION

OF INCIDENT

ZONE

1 ___ local
2 ☒ county
3 ___ state
4 ___ out of state1 ___ central dispatch
2 ☒ law enforcement
3 ___ family/citizen
4 ___ other

TIME RECORD

call received	T1	1745
activate	T2	1745
time out	T3	1745
on scene	T4	1810
depart scene	T5	1825
arrival	T6	1850
in service	T7	1850
standby time		15
total time		45

MILEAGE

Beginning Mileage	OD1	
Mileage at Scene	OD2	
Mileage at Facility	OD3	
Ending Mileage	OD4	
Total Mileage	MIL	14
Total for Billing		

PRIMARY CATEGORY

101	<input checked="" type="checkbox"/> trauma	___
102	cardiac	___
103	burn	___
104	ped/ob	___
105	medical	___
106	head/spine	___
107	poison	___
108	behavioral	___

SEVERITY:

109	MAJOR • LEVEL I	___
110	MODERATE • LEVEL II	___
111	<input checked="" type="checkbox"/> MINOR • LEVEL III	___

REASON

1	<input checked="" type="checkbox"/> closest hospital	___
2	reroute	___
3	protocol	___
4	physician request	___
5	<input checked="" type="checkbox"/> patient request	___
6	other (narrative)	___

OUTCOME (upon arrival at hospital)

1	<input checked="" type="checkbox"/> improved	___
2	no change	___
3	worsened	___
4	cardiac resuscitation	___
5	shock trauma resuscitation	___
6	expired	___

NATURE OF CALL

1	<input checked="" type="checkbox"/> emergency	___
2	non-emergency	___
3	transfer	___
4	mutual aid	___
5	standby	___
6	other	___

INCIDENT CAUSE

11	medical problem	___
12	<input checked="" type="checkbox"/> vehicular accident	___
13	employment related	___
14	violence/assault	___
15	fall	___
16	other	___

AID PRIOR TO SERVICE ARRIVAL

first aid:	CPR:
1 <input type="checkbox"/> YES	1 <input type="checkbox"/> YES
2 <input checked="" type="checkbox"/> NO	2 <input checked="" type="checkbox"/> NO
3 <input type="checkbox"/> Not applicable	3 <input type="checkbox"/> Not applicable

PREHOSPITAL CARE SUMMARY (Check all that apply, regardless of level)

BLS	IV LEVEL	CREW
201 ___ extrication	217 ___ IV	CB 1 ___
___ est. min.	218 ___ EOA	CB 2 ___
202 <input checked="" type="checkbox"/> assessment	219 ___ D 50 W	CB 3 ___
203 ___ airway management	220 ___ Naloxone (Narcan)	CB 4 ___
204 <input checked="" type="checkbox"/> oxygen	221 ___ Blood sample	CB 5 ___
205 ___ pocket mask	222 ___ other: (narrative)	CB 6 ___
206 ___ nasal/oral airway	ALS	
207 ___ bag valve mask	223 ___ Intubation	CB 7 ___
208 ___ demand valve	224 ___ Defibrillation	CB 8 ___
209 ___ CPR	225 ___ Cardiac monitor	CB 9 ___
210 ___ control of bleeding	226 ___ Cardiac medication	CB 10 ___
211 ___ wound care	227 ___ Other medications	CB 11 ___
212 ___ spinal immobilization	228 ___ Chest decompression	CB 12 ___
213 ___ limb splinting	229 ___ Cricothyrotomy	CB 13 ___
214 ___ MAST	230 ___ Other (narrative)	CB 14 ___
215 ___ OB delivery		
216 ___ other (narrative)		

Check if applicable:	Yes	No	Unknown
Possible alcohol/drug related	___	___	___
Seatbelt/restraint utilized	___	___	___
Motorcycle helmet utilized	___	___	___

Level: (List number of personnel responding for each level).

1 ___ FR 2 1 EMT - B 3 1 EMT - IV 4 ___ EMT - P 5 ___ Other

CREW CODES/NAMES

MEDICAL CONTROL BY:

1	<input checked="" type="checkbox"/> written protocol
2	physician delegate
3	<input checked="" type="checkbox"/> physician communication
4	unable to contact
5	not applicable

DISPOSITION

1	___ treatment not needed
2	___ treatment refused
3	___ transport refused
4	___ transport not needed
5	___ canceled
6	___ false alarm
7	___ transported by private car
8	___ other service transport by

Name: ___

Other Service Number

9 ___ transported to:

facility

city

Destination Code

10 ___ dead at scene

PRESCRIBED MEDICATIONS
NONEALLERGIES
NONE

TIME	0825	0845							
Consciousness	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU
SpO2	96	92							
HR/Rhythm	94	92							
BP	130/PAB	124/90							
	15	15							
Oxygen	X MASK 15 LPM								
MAST	<input type="checkbox"/> Legs <input type="checkbox"/> Abdom.								
IV Site	<input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> Arm <input type="checkbox"/> Other		IV GAUGE: Total Volume :				
D 50 W	Narcan								
Defibrillation (Watt/Sec)									

GLASGOW COMA
SCALE TOTAL

15

TRAUMA SCORE
TOTAL

16

NARRATIVE:

To include: Patient identification, chief complaint, current history, physical examination, past medical history, medical communication, treatment and outcome.

C/C PT INVOLVED MAJOR MVA PT HAD PAIN TO LT ARM/LT KNEE.

H/X NO PMH AS PER PT TODAY PT RESTRAINED DRIVER OF SMALL CAR THAT WAS INVOLVED IN A HIGH IMPACT MVA.

A/X UOA FOUND PT SITTING ON GROUND PT A/O VERY UPSET PT HOLDING 2 YR OLD FEMALE ALSO VERY UPSET AND CRYING. NOTED SMALL BUMP TO LT KNEE NOTED SMALL BUMP AND BRUISING TO LT FOREARM..

R/X PLACED PT IN UNIT PLACED PT WITH C-COLLAR GAVE SUPPORTIVE O2 THERAPY GAVE PT EMOTIONAL THERAPY ALSO MONITORED VS..

T/X TRANS PT TO GRMC..

REFUSAL of SERVICE: I have been told, and understand that I am in need of evaluation treatment and/or transportation to a hospital, and of my own free will, and against advice given, acknowledge MY REFUSAL of such help.

Physician

Crew Signature

Signature

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9624

3. Vehicle Number

01

4. Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

06

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

127

Code actual height to the nearest
centimeter.

(999) Unknown

Post-mortem exam

50 inches X 2.54 = 127 centimeters

8. Occupant's Weight

024

Code actual weight to the nearest
kilogram.

(999) Unknown

54 pounds X .4536 = 24 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

8

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

leaning forward

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection Ø

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area Ø

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium Ø

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) Ø

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment Ø

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 1

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability**

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [x] Other (specify):

Occupant Kinematics + injury information
 [] Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag Deployment Impact - 996

(_ 000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment

- (_ 996) Deployment, unknown longitudinal Delta V
(_ 997) Not deployed
(_ 998) Unknown if deployed
(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 3

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 3

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 96

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 96
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 3
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

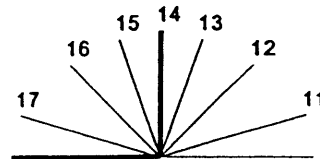
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints *Per photo*
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 99
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat *Per photo*
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 5
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track Per interviewee
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 99

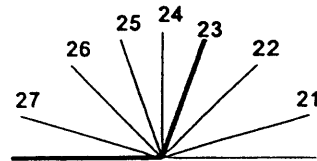
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

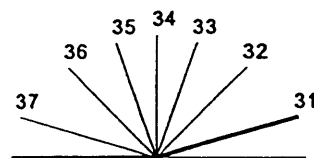
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model Ø Ø Ø

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify): _____

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat Ø

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify): _____

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation Ø Ø

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify): _____

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify): _____

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify): _____

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage Ø Ø59. Child Safety Seat Shield Usage Ø Ø60. Child Safety Seat Tether Usage Ø ØNote: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 01

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 19

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal 19 hours
 (96) Fatal - ruled disease 10 minutes
 (99) Unknown

67. 1st Medically Reported Cause of Death 0168. 2nd Medically Reported Cause of Death 0269. 3rd Medically Reported Cause of Death 04

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 15

15 Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 03
(at Medical Facility)

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
 (2) Yes - blood given
 (specify units):
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 08

- (00) Not injured 7.7
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

Base Excess -20.8

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 8

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview

- (8) Other (specify): Occupant kinematics and injury information
 (9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9624</u>	4. Occupant Number	<u>02</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90		Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure									
Complete spinal cord injury C3 with 1st Fx+ Dislocation	5.	3	6.6	7.4	8.02	9.76	10.6	11.6	12.180	13.2	14.1	15.00
Concussion coma 2nd GCS=3, flaccid	16.	2	17.1	18.6	19.08	20.24	21.5	22.0	23.180	24.2	25.2	26.00
Edema cerebellum	3rd 27.	2	28.1	29.4	30.04	31.54	32.3	33.6	34.180	35.2	36.2	37.00
Edema cere-brum, diffuse	4th 38.	2	39.1	40.4	41.06	42.74	43.5	44.9	45.180	46.2	47.2	48.00
Subarachnoid hemorrhage	5th 49.	2	50.1	51.4	52.06	53.84	54.3	55.9	56.180	57.2	58.2	59.00
Dislocation bilateral temporomandibular joints	6th 60.	2	61.2	62.5	63.16	64.04	65.2	66.3	67.180	68.2	69.1	70.00
Fracture bilateral mandibular condyles	7th 71.	2	72.2	73.5	74.06	75.08	76.2	77.3	78.180	79.2	80.1	81.00
Abrasions upper ear	8th 82.	2	83.2	84.9	85.02	86.02	87.1	88.1	89.180	90.2	91.1	92.00
Abrasions face	9th 93.	2	94.2	95.9	96.02	97.02	98.1	99.1	100.180	101.2	102.1	103.00
Contusion lower lip	10th 104.	2	105.2	106.9	107.04	108.02	109.1	110.8	111.180	112.2	113.1	114.00

OCCUPANT INJURY DATA

[illegible]

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
	The exceptions to this rule apply to:		
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale	
(1)	Minor Injury
(2)	Moderate Injury
(3)	Serious Injury
(4)	Severe Injury
(5)	Critical Injury
(6)	Maximum (untreatable)
(7)	Injured, unknown severity

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

- Patient reported to be in seat belt in Right Front Seat (EN)
 - Boy had seat belts on (HP)
 - Unknown if Pt was restrained (ET1)
- Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

☒ Yes
 (EN, HP)
Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given
 Units = 3
 (Laboratory Record)

Arterial Blood Gases

pH = 7.11PO₂ = 67.6PCO₂ = 24.8HCO₃ = 7.7

Base Excess

-20.8

(Laboratory Record)

 • Abrasion under
 chin (ER)

 • Significant
 abrasion
 anterior neck
 (EN)

 • Blood, CSF from
 nose + mouth (ET1)

 • spinal fluid both
 nares (EN)

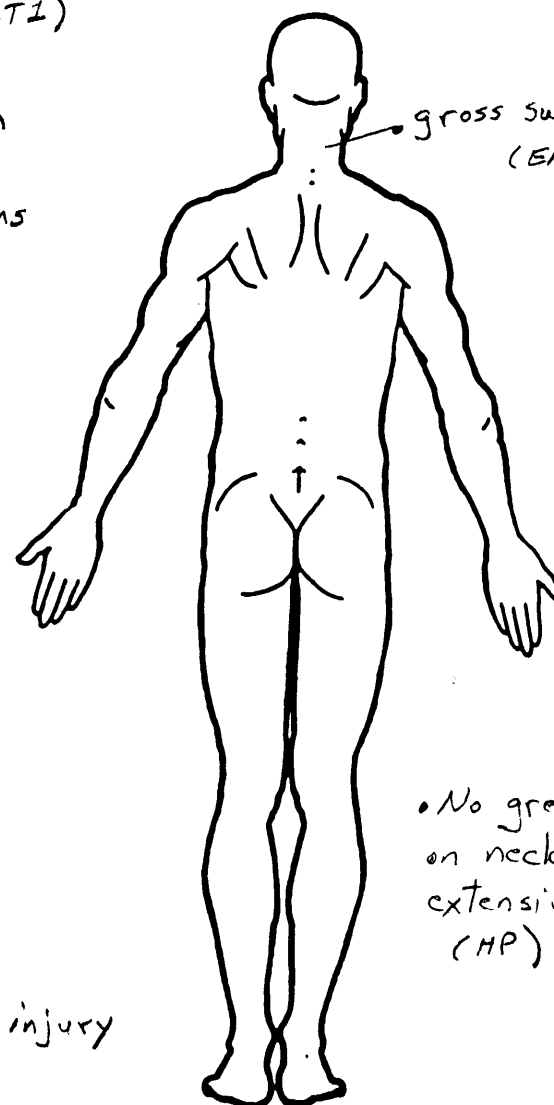
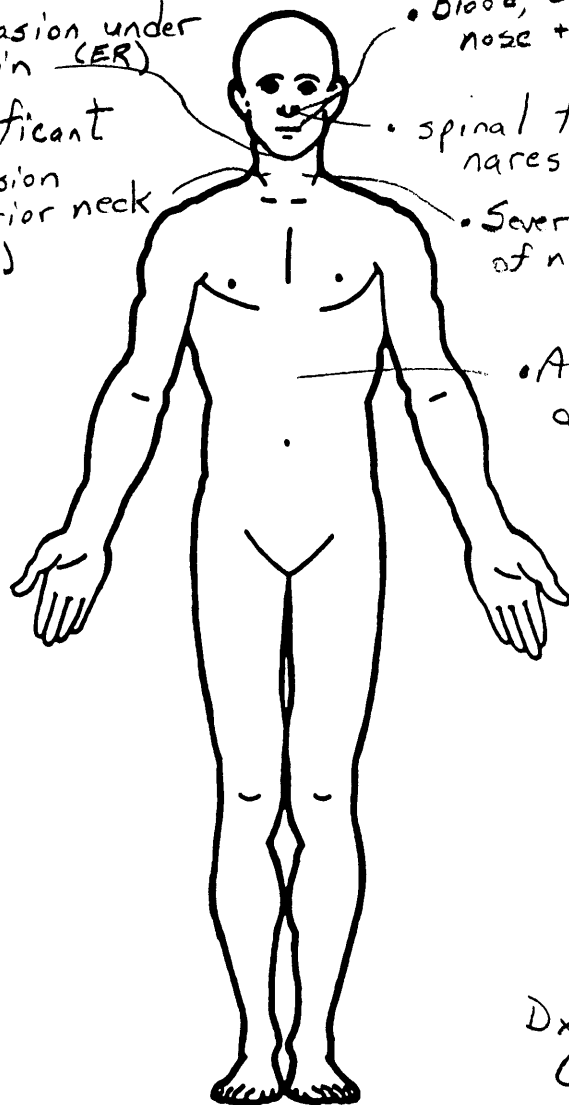
 • Severe contusions
 of neck (HP)

 • Abdomen
 distended
 (ER, HP)

• Unresponsive (ER)

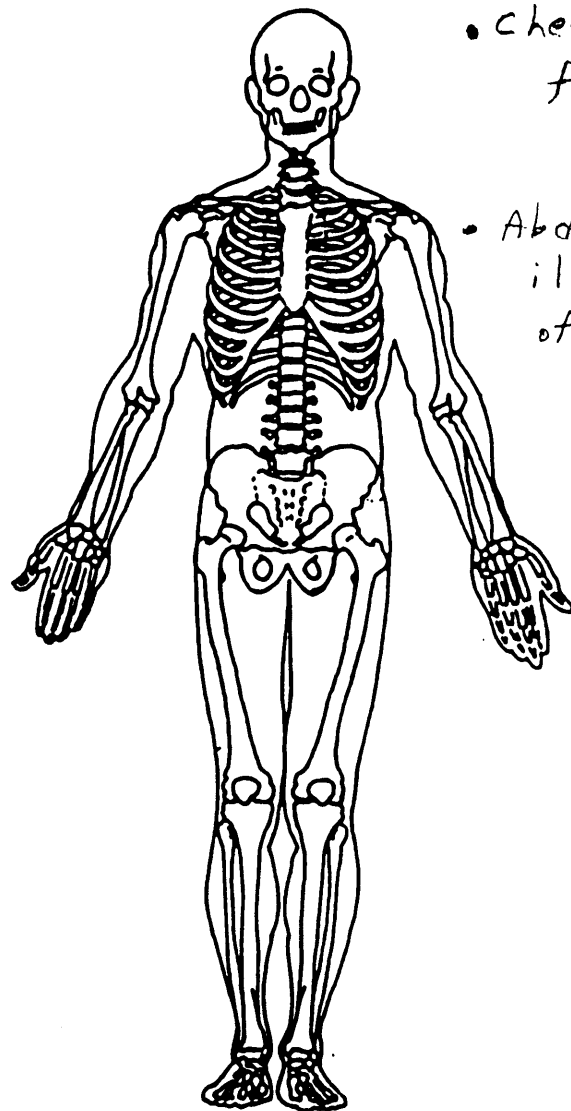
 • gross swelling neck
 (EN)

 • No great wounds
 on neck, just very
 extensive abrasions
 (HP)

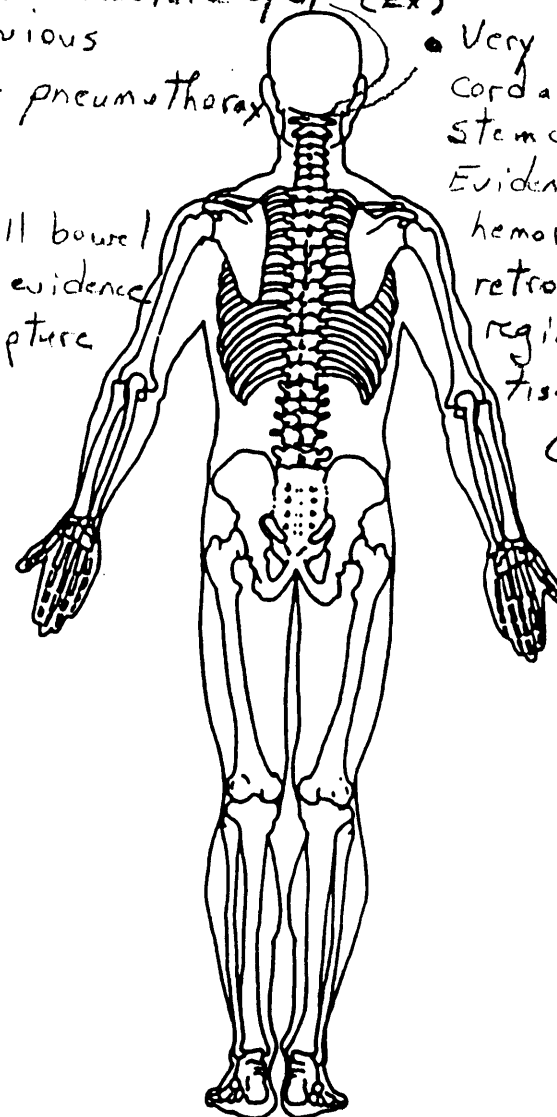
 Dx: Neck injury
 (ER)


OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



- C-Spine: Increased space between anterior surface of dens + posterior surface of C₁. Maybe atlanto-occipital separation and fracture of C₁ (Ex)
- Chest: no obvious fracture nor pneumothorax (Ex)
- Abdomen: Small bowel ileus without evidence of bladder rupture (Ex)



- Very severe spinal cord and brain stem damage. Evidence of large hemorrhage in retropharyngeal region or soft tissue swelling (Ex)

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____

- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

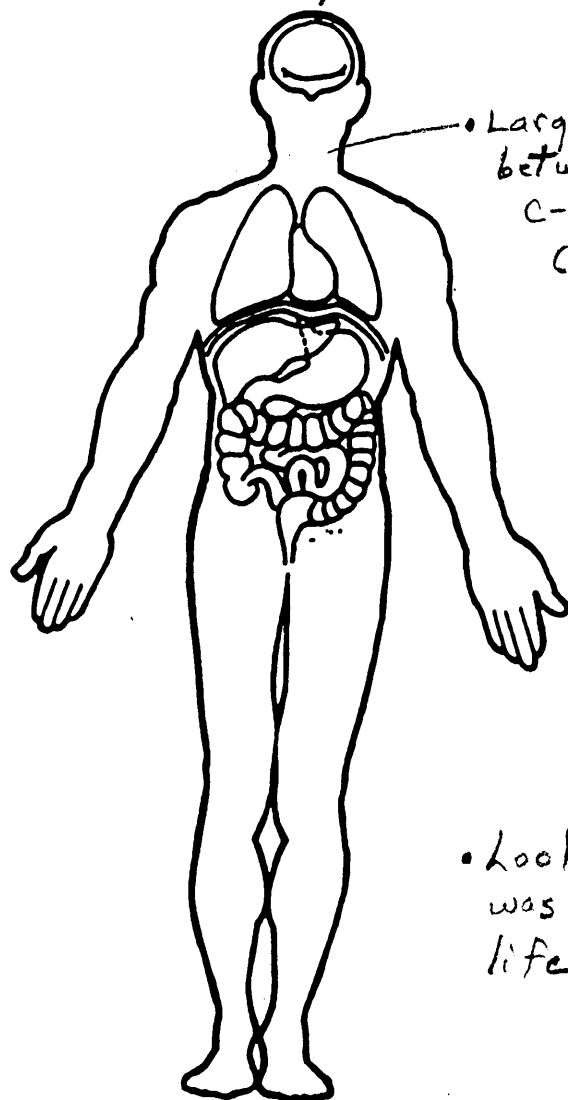
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

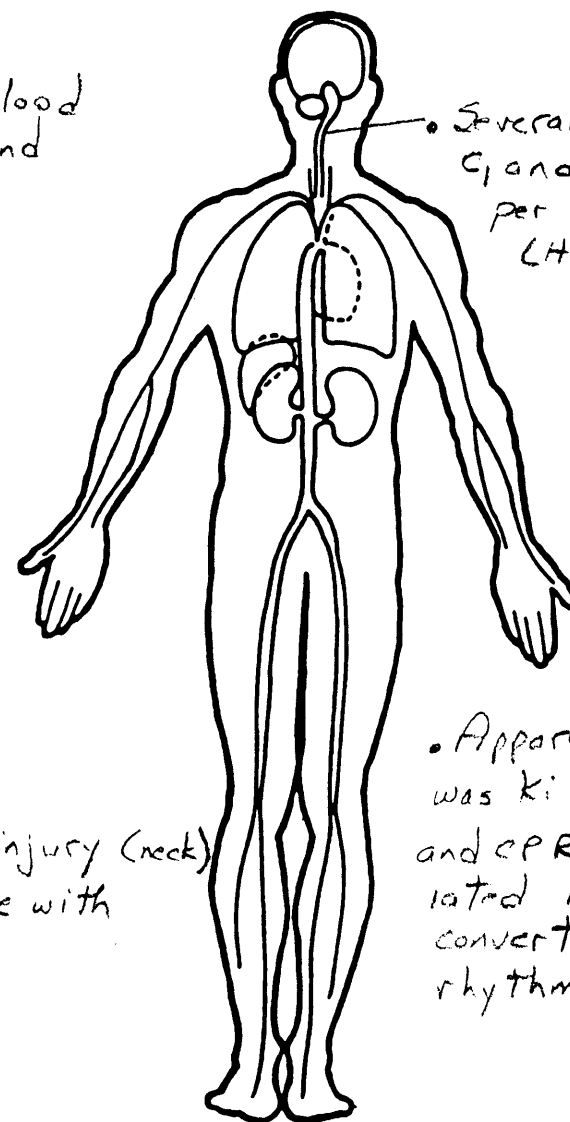
OFFICIAL INJURY DATA — INTERNAL INJURIES

- Arrived in full cardiac arrest s/p MVA (EN)
 - Cardiac arrest @ scene but arrived with a rhythm (HP)
- Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
- Pupils fixed + dilated (EN, ER)
 - Respiratory arrest (ET2)
 - Pupils unreactive (ET2)
 - breath sounds bilaterally (EN)



• Large area with blood between pharynx and C-spine (HP)

• Looked like the injury (neck) was not compatible with life (HP)



• Severance between C1 and skull per X-ray (HP)

• Apparently Pt was killed instantly and CPR was initiated later converting to a rhythm (ET2)

CAUSE OF DEATH

ICD-9-CM

805.1 Cervical fracture, open (FS)
427.5 Cardiac arrest

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EK	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

ET1 Scene to Initial Medical Facility
ET2 Medical Facility to Flight Crew for transfer

GENERIC FORMAT

THIS AREA MAY BE USED FOR CUSTOM INFORMATION

ACCOUNT NO. [REDACTED]	ADMISSION DATE [REDACTED]/96	MEDICAL RECORD NO. [REDACTED]
ROOM / BED [REDACTED]	ADMISSION TIME 1828	FINANCIAL CLASS U
TYPE REG	LOCATION / SERVICE ERM	SOCIAL SECURITY NO. [REDACTED] 8
PATIENT		PATIENT
NAME [REDACTED]	DATE OF BIRTH [REDACTED]/90	
STREET [REDACTED]	AGE 6	
CITY / STATE / ZIP [REDACTED]	SEX M	
HOME PHONE [REDACTED]	RACE CA	
	RELIGION NO	
COUNTY [REDACTED] COUNTY .	MAR. STS. SINGLE	
PATIENT EMPLOYER		PERSON TO NOTIFY
NAME [REDACTED]	NAME [REDACTED]	
STREET [REDACTED]	STREET [REDACTED]	
CITY / STATE / ZIP [REDACTED]	CITY / STATE / ZIP [REDACTED]	
PHONE [REDACTED]	PHONE [REDACTED]	RELATIONSHIP [REDACTED]
GUARANTOR		NEXT OF KIN
NAME [REDACTED]	NAME [REDACTED]	
STREET [REDACTED]	STREET [REDACTED]	
CITY / STATE / ZIP [REDACTED]	CITY / STATE / ZIP [REDACTED]	
PHONE [REDACTED]	PHONE [REDACTED]	RELATIONSHIP GM
GUARANTOR EMPLOYER		
NAME [REDACTED]	ACCIDENT DATE [REDACTED]/96 TIME 1700	
STREET [REDACTED]	ARRIVAL MODE FV	
CITY / STATE / ZIP [REDACTED]	PHYSICIAN 1 [REDACTED], M.D.	
PHONE [REDACTED]	PHYSICIAN 2 [REDACTED]	
INSURANCE [REDACTED]	POLICY NUMBER [REDACTED]	COVERAGE NO. SUBSCRIBER [REDACTED]
ACCIDENT ACCIDENT, AUTO COMMENT [REDACTED] REASON FOR VISIT 805.1-427.5 8312.1 [REDACTED] USER MONT. SAR		

[REDACTED], NM [REDACTED]

TITLE AREA

EMERGENCY DEPARTMENT FLOW SHEET

Section A: Assessment Data	Patient Name:	Age: 76 DASA	SEX:	Triage Time: 1832	Triage Class: <input checked="" type="checkbox"/> 1. Emergent <input type="checkbox"/> 2. Urgent <input type="checkbox"/> 3. Non-Urgent	Private Physician Mora
	Mode: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Ambulance	Allergies: <input type="checkbox"/> none NKA		Ht. / Wt.: 55/165	Immunization status: UTD	LMP date: <input type="checkbox"/> normal
	Chief Complaint/Mechanism of Injury: MVA - 24-944			Medical History/Chronic Conditions: <input type="checkbox"/> none		
	Treatment prior to arrival:			Current Medications: <input checked="" type="checkbox"/> none		
	Objective: EP: 96/48 129 24 CORMU-EMS - Atropine					
Triage Nurse						

Section C: Implementation	Time	ER bed location II	Nurses signature(s):	(see section B: planning/evaluation on next page)
	NURSES NOTES			PHYSICIAN'S NOTES/ORDERS
	1832	H Arrival / 12th St Full cardiac arrest slip MVA E.S.O. FT		precautions
		LR with open GATC 16		gross swelling neck
		Full spine pre-E GRS		pupils fixed + dilated
		Spinal cord injury suspected		Breath sounds bilaterally
		BP 100/60 HR 120 RR 20 SpO2 94%		NS wide open
		HR 120 RR 20 SpO2 94%		groin pulse + weak radial
		Unresponsive spinal cord both sides		Ectopy
		1845	100% catheterized @ 1000. Belly up to lab, 1st on gasteroid tube / 18+! 85/49 24 Bkg.	
	1846	100% catheterized @ 1000. Belly up to lab, 1st on gasteroid tube / 18+! 85/49 24 Bkg.		
	1847	Lab return - prep for blood transfusion		prep for blood transfusion
	1848	75/130 142 Heart Full		
	1850	82/130 142 Heart Full		
	1856	79/145 100 HR, 120 RR, 24 Bkg.		
	1858	75/130 142 Heart Full		
	1902	124/87 84/149 Sat 94% 184		
	1907	EMV Moves SP 2 @ 85		
	Significant Anterior neck abrasion @ Anterior neck DR. from abrasion			
	Anterior neck abrasion @ Anterior neck DR. from abrasion			
	Side Rails up			
	Continued			
	Arranged transport			

PATIENT IDENTIFICATION:

DISCHARGE IMPRESSION

☐ Dictated note

MVA

Neck Injury

PHYSICIAN SIGNATURE

RUN DATE: [REDACTED]/96
 RUN TIME: 2000

Laboratory **LIVE**

PAGE: 1

Name: [REDACTED] Age/Sex: 6/M Attend Dr: [REDACTED]
 Acct#: [REDACTED] Unit#: [REDACTED] Status: REG ER Location: ERM
 Reg: [REDACTED] 96 Disch: [REDACTED]

Specimen: 0701:BB00002R Collected: [REDACTED]/96-1835 Status: RES Req#: [REDACTED]
 Received: [REDACTED]/96-1847 Subm Dr: [REDACTED], M.D.

Ordered: PACKED CELLS/3, ABO/RH TYPE, ANTIBODY SCREEN, XM/3
 Comments: Comments to Phlebotomist: ROOM 2

Test	Result
<u>ABO/RH TYPE</u>	
ANTI-D	NEGATIVE
A2 REVERSE CELL	NEGATIVE
ABO/RH	AB Neg
ANTIBODY SCREEN	NEGATIVE
<u>CROSSMATCH</u>	
PACKED CELLS	[REDACTED] A Neg Compatible? Y
PACKED CELLS	[REDACTED] A Neg Compatible? Y
> PACKED CELLS	[REDACTED] A Neg Compatible? Y

PACKED CELLS						
Unit #	Bld Type	Product	Status	Date	Issue Time User	Rsrvd
[REDACTED]	A Neg	PACKED CELLS	TRANSFUSED	[REDACTED]/96 1912	[REDACTED]	
Volume: 260 ML	[REDACTED]/96 1930-					
[REDACTED]	A Neg	PACKED CELLS	TRANSFUSED	[REDACTED]/96 1912	[REDACTED]	
Volume: 260 ML	[REDACTED]/96 1930-					

** END OF REPORT **

RUN DATE: 6/15/96
 RUN TIME: 1910

Laboratory **LIVE**

PAGE: 1

Name: [REDACTED] Age/Sex: 6/M Attend Dr: [REDACTED]
 Acct#: [REDACTED] Unit#: [REDACTED] Status: REG ER Location: ERM
 Reg: [REDACTED]/96 Disch: [REDACTED]

Specimen: 0701:R00007S Collected: [REDACTED]/96-UNK Status: COMP Req#: 00065659
 Received: [REDACTED]/96-1905 Subm Dr: [REDACTED], M.D.

Ordered: ARTERIAL BG
 Comments: What is Doctor's Order? NOW
 Comment? A
 Type of sample: ARTERIAL

Test	Low	Normal	High	Flag	Reference
<u>ARTERIAL BG</u>					
> ABG pH	7.111			L	7.35-7.45
> ABG PCO2	24.8			L	35-45 mmHg
> ABG PO2		67.6			65-100 mmHg
> ABG HCO3	7.7			L	22-26 meq/L
> ABG BASE EXCESS		-20.8			
> ABG O2 SAT	84.4			L	90-96 %
> ABG TYPE		VENT			
> ABG FIO2	1.00			L	20-101 %
> ABG TIDAL VOL.		400			cc
> ABG SITE		FEMORAL LEFT			

** END OF REPORT **

PATIENT NAME: [REDACTED]
UNIT NO: [REDACTED]

EXAMS: CERVICAL SPINE 3 VIEWS

CLINICAL HISTORY: Motor vehicle accident.

CERVICAL SPINE, LATERAL VIEW: [REDACTED]/96

An extreme amount of soft tissue swelling is seen between the anterior surface of the cervical spine, and the trachea and pharynx. The nasogastric tube and endotracheal tube are seen in place. There is evidence of increased space between the anterior surface of the dens and the posterior surface of the body of C1. There is evidence of fracture of C1 but that is difficult to prove on this one film. There may be separation of the foramen magnum and C1, also. This is indirect evidence for very severe spinal cord damage.

IMPRESSION: Evidence of very severe spinal cord and brain stem damage by plain film. There is evidence of a large amount of hemorrhage in the retropharyngeal region. At least, there is a large amount of soft tissue swelling.

*** REPORT SIGNATURE ON FILE ***

[REDACTED] M.D. 08/05/96

CC: [REDACTED] M.D.; VENDOR COPY

TRANSCRIBED DATE/TIME: [REDACTED] 96 (1902)

TRANSCRIPTIONIST: VASO.FRAM

PRINTED DATE/TIME: [REDACTED] 96 (1807) BATCH NO: [REDACTED]

PAGE 1

CHART COPY

NAME: [REDACTED]
PHYS: [REDACTED], M.D.
DOB: 01/03/90 AGE: 6 SEX: M
ACCT NO: [REDACTED] LOCATION: ERM
EXAM DATE: 08/05/96 STATUS: ER
RADIOLOGY NO:

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~, New Mexico ~~XXXXXX~~

 E M E R G E N C Y R O O M N O T E

Patient: ~~XXXXXXXXXX~~

D.O.B.: ~~XXXXXX~~/90

Medical Record #: ~~XXXXXXXXXX~~

Attending Phys.:

Admission Date: ~~XXXXXX~~/96

Room:

This six-year-old boy was a passenger in small car going about the speed limit around Mangus Springs when a pickup truck on the other side at the same speed left its lane and evolved into a head-on collision. The boy had seat belts on but apparently the dash board hit him. He came in with severe contusions of the neck. He had cardiac arrest at first but with treatment by the EMTs he came in with a rhythm. He was intubated and had an oxygen saturation of 94%. The abdomen looked distended. I put an NG tube down and I got some air and gastric fluid back. The lung sounds were satisfactory at first. His rate was going up and blood pressure started to drop. There was no obvious cause of the blood loss. Later on, his neck started swelling more and the X-ray showed severance between C1 and the skull. It became clear that there was a large area with blood between the pharynx and the C spine, maybe enough to fill a unit or more of blood. In the meantime, we kept his blood pressure up with fluid. Blood was cross matched and even started. A catheter was inserted. There was clear urine. I did an abdominal tap and with a single needle stick, we got back clear fluid. At first, I thought there might had been the possibility that it was urine, but the pH was 9 and did not look like urine otherwise.

The mother was also brought in from the accident. She was not hurt very badly. She was told about the patient's status and she agreed to transfer him to the neurosurgery service at ~~XXXXXX~~. Arrangements were made with Lifeguard, and he was flown out to ~~XXXXXX~~.

No CAT scans were done at this point. It looked like the injury was not compatible with life, but he arrived with stable vital signs. There were no great wounds on the neck, just very extensive abrasions.

Blood counts were not terribly out of normal range. Blood gas showed to be acidosis. At which point he got 25 mg of sodium bicarbonate.

I called up an hour after the plane was supposed to have landed there, and he was admitted to the pediatric ICU, vital signs being stable on the ventilator and going to CAT scan for a neck scan.

~~XXXXXXXXXX~~ J., M.D.

MR#: ~~XXXXXX~~

Run: ~~XXXXXX~~/96-05:38 by ~~XXXXXX~~

EMERGENCY ROOM NOTE - Medical Records' copy

HP

SERVICE REPORT

Public Health Division
Primary Care and EMS Bureau☐ MULTI - PATIENT
___ OF ___ PATIENTS

Service Name

Service Number

Unit Number

Run Number

Mo. Day Year

Last	First	M.I.	Phone	Sex	Age	Birthdate	RESIDENT STATUS	CALLER
PATIENT NAME				<input checked="" type="checkbox"/> M <input type="checkbox"/> F	6	/90	1 <input checked="" type="checkbox"/> local 2 ___ county 3 ___ state 4 ___ out of state	1 <input checked="" type="checkbox"/> central dispatch 2 ___ law enforcement 3 ___ family/citizen 4 ___ other
PATIENT ADDRESS	CITY			STATE		ZIP		
LOCATION OF INCIDENT	ZONE							

TIME RECORD call received T1 1745 activate T2 1745 time out T3 1755 on scene T4 1810 depart scene T5 1825 arrival T6 1830 in service T7 15 standby time 45 total time		MILEAGE Beginning Mileage OD1 3805 Mileage at Scene OD2 3834 Mileage at Facility OD3 3834 Ending Mileage OD4 28 Total Mileage MIL 14 Total for Billing		NATURE OF CALL <input checked="" type="checkbox"/> 1 emergency <input type="checkbox"/> 2 non-emergency <input type="checkbox"/> 3 transfer <input type="checkbox"/> 4 mutual aid <input type="checkbox"/> 5 standby <input type="checkbox"/> 6 other		INCIDENT CAUSE <input checked="" type="checkbox"/> 11 medical problem <input type="checkbox"/> 12 vehicular accident <input type="checkbox"/> 13 employment related <input type="checkbox"/> 14 violence/assault <input type="checkbox"/> 15 fall <input type="checkbox"/> 16 other		AID PRIOR TO SERVICE ARRIVAL first aid: 1 <input type="checkbox"/> YES 1 <input checked="" type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> Not applicable 3 <input type="checkbox"/> Not applicable	
MEDICAL CONTROL BY: 1 <input checked="" type="checkbox"/> written protocol 2 ___ physician delegate 3 ___ physician communication 4 ___ unable to contact 5 ___ not applicable Name:		PRIMARY CATEGORY Code 101 <input checked="" type="checkbox"/> trauma 102 ___ cardiac 103 ___ burn 104 ___ ped/ob 105 ___ medical 106 ___ head/spine 107 ___ poison 108 ___ behavioral		SEVERITY: 109 <input checked="" type="checkbox"/> MAJOR • LEVEL I 110 ___ MODERATE • LEVEL II 111 ___ MINOR • LEVEL III		REASON <input checked="" type="checkbox"/> 1 closest hospital 2 ___ reroute 3 ___ protocol 4 ___ physician request 5 ___ patient request 6 ___ other (narrative)		CREW 217 <input checked="" type="checkbox"/> IV CB 1 218 ___ EOA CB 2 219 ___ D 50 W CB 3 220 <input checked="" type="checkbox"/> Naloxone (Narcan) CB 4 221 ___ Blood sample CB 5 222 ___ other: (narrative) CB 6 ALS 223 <input checked="" type="checkbox"/> Intubation CB 7 224 <input checked="" type="checkbox"/> Defibrillation CB 8 225 <input checked="" type="checkbox"/> Cardiac monitor CB 9 226 ___ Cardiac medication CB 10 227 ___ Other medications CB 11 228 ___ Chest decompression CB 12 229 ___ Cricothyrotomy CB 13 230 ___ Other (narrative) CB 14	
DISPOSITION 1 ___ treatment not needed 2 ___ treatment refused 3 ___ transport refused 4 ___ transport not needed 5 ___ canceled 6 ___ false alarm 7 ___ transported by private car 8 ___ other service transport by Name: Other Service Number 9 ___ transported to: city Destination Code 10 ___ dead at scene		OUTCOME (upon arrival at hospital) <input checked="" type="checkbox"/> 1 improved 2 ___ no change 3 ___ worsened 4 ___ cardiac resuscitation 5 ___ shock trauma resuscitation 6 ___ expired		PREHOSPITAL CARE SUMMARY (Check all that apply, regardless of level) BLS 201 ___ extrication ___ est. min. 202 <input checked="" type="checkbox"/> assessment 203 <input checked="" type="checkbox"/> airway management 204 ___ oxygen 205 <input checked="" type="checkbox"/> pocket mask 206 ___ nasal/oral airway 207 <input checked="" type="checkbox"/> bag valve mask 208 <input checked="" type="checkbox"/> demand valve 209 <input checked="" type="checkbox"/> CPR 210 ___ control of bleeding 211 <input checked="" type="checkbox"/> wound care 212 ___ spinal immobilization 213 ___ limb splinting 214 ___ MAST 215 ___ OB delivery 216 ___ other (narrative)		Check if applicable: Yes No Unknown Possible alcohol/drug related ___ <input checked="" type="checkbox"/> ___ Seatbelt/restraint utilized ___ ___ <input checked="" type="checkbox"/> Motorcycle helmet utilized ___ ___ ___			
Level: (List number of personnel responding for each level). 1 ___ FR 2 ___ EMT - B 3 ___ EMT - IV 4 <input checked="" type="checkbox"/> EMT - P 5 ___ Other		CREW CODES/NAMES STUDENT		ENERGIES					

55	80.0								
AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU
0	15.0								
60/P									
3	3								
15 LPM O2 VIA BVM									
Oxygen									
MAST <input type="checkbox"/> Legs <input type="checkbox"/> Abdom.								18	800
IV Site <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Arm <input type="checkbox"/> Other	R AND L AC							IV GAUGE: Total Volume :	
D 50 W	Narcan								
Defibrillation (Watt/Sec)									

GLASGOW COMA
SCALE TOTAL

3

TRAUMA SCORE
TOTAL

2

NARRATIVE:

To include: Patient identification, chief complaint, current history, physical examination, past medical history, medical communication, treatment and outcome.

C/C: PT IN TRAUMA ARREST UOA

H/X: PT INVOLVED IN HIGH SPEED HIGH IMPACT MVA. UNK IF PT WAS RESTRAINED. PT PASSENGER IN WRECK. UNK EXACT MACH. APPARENTLY PT WAS KILLED INSTANTLY, AND CPR WAS INITIATED FOR 4-5 MIN.

A/X: UOA PT IN FULL TRAUMA ARREST SKIN W/D MOTTLED. PUPILS DILATED. SEVERE OROPHARYNX AND C-SPINE TRAUMA NOTED. NO OTHER VISIBLE TRAUMA. BLOOD/CSF FROM NOSE/MOUTH. ASYSTOLE. PT SUPINE COVERED W/ BLANKET.

R/X: PT ASSESSED, INTUBATED, VENTILATED. EKG, IN ASYSTOLE LATER CHANGING TO SINUS TACH. W/PULSES. BILATERAL IV'S ESTABLISHED W/ FLUIDS. TREATMENT INITIATED. 1.5 MG EPI 1:10000, 1 MG ATROPINE. 02 SAT. ATTACHED. IMMOBILIZED TO LSP. CONTACTED GRMC ER W/ INFO.

T/X: FROM SCENE TO GRMC ER W/O INCIDENT

DAVID PAUL NREMT-P

REFUSAL of SERVICE: I have been told, and understand that I am in need of evaluation, treatment and/or transportation to a hospital, and of my own free will, and against advice given, acknowledge MY REFUSAL of such help.

Physician

Crew Signature

Signature

071554

SERVICE REPORT

Public Health Division
Primary Care and EMS Bureau☐ MULTI - PATIENT
OF PATIENTS

1				
2				

Mo.	Day	Year
		96

Service Name

Service Number

Unit Number

Run Number

Mo. Day Year

Last	First	M.I.	Phone	Sex	Age	Birthdate	RESIDENT STATUS	CALLER
PATIENT NAME				<input type="checkbox"/> M <input type="checkbox"/> F	6	/90	1 <input checked="" type="checkbox"/> local 2 county 3 state 4 out of state	1 central dispatch 2 law enforcement 3 family/citizen 4 other
PATIENT ADDRESS	CITY			STATE		ZONE		
LOCATION OF INCIDENT								

TIME RECORD call received T1 PRE 1930 activate T2 2005 time out T3 2030 on scene T4 2035 depart scene T5 2055 arrival T6 2055 in service T7 5 standby time 85 total time	MILEAGE Beginning Mileage OD1 54333 Mileage at Scene OD2 54373 Mileage at Facility OD3 54373 Ending Mileage OD4 40 Total Mileage MIL 20 Total for Billing	NATURE OF CALL <input checked="" type="checkbox"/> 1 emergency <input type="checkbox"/> 2 non-emergency <input type="checkbox"/> 3 transfer <input type="checkbox"/> 4 mutual aid <input type="checkbox"/> 5 standby <input type="checkbox"/> 6 other	INCIDENT CAUSE <input checked="" type="checkbox"/> 11 medical problem <input type="checkbox"/> 12 vehicular accident <input type="checkbox"/> 13 employment related <input type="checkbox"/> 14 violence/assault <input type="checkbox"/> 15 fall <input type="checkbox"/> 16 other	AID PRIOR TO SERVICE ARRIVAL first aid: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable CPR: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Not applicable
MEDICAL CONTROL BY: <input type="checkbox"/> 1 written protocol <input checked="" type="checkbox"/> 2 physician delegate <input type="checkbox"/> 3 physician communication <input type="checkbox"/> 4 unable to contact <input type="checkbox"/> 5 not applicable Name:	PRIMARY CATEGORY <input checked="" type="checkbox"/> 101 trauma <input type="checkbox"/> 102 cardiac <input type="checkbox"/> 103 burn <input type="checkbox"/> 104 ped/ob <input type="checkbox"/> 105 medical <input type="checkbox"/> 106 head/spine <input type="checkbox"/> 107 poison <input type="checkbox"/> 108 behavioral	SEVERITY: <input checked="" type="checkbox"/> 109 MAJOR • LEVEL I <input type="checkbox"/> 110 MODERATE • LEVEL II <input type="checkbox"/> 111 MINOR • LEVEL III	REASON <input type="checkbox"/> 1 closest hospital <input type="checkbox"/> 2 reroute <input checked="" type="checkbox"/> 3 protocol <input type="checkbox"/> 4 physician request <input type="checkbox"/> 5 patient request <input type="checkbox"/> 6 other (narrative)	OUTCOME (upon arrival at hospital) <input checked="" type="checkbox"/> 1 improved <input type="checkbox"/> 2 no change <input type="checkbox"/> 3 worsened <input type="checkbox"/> 4 cardiac resuscitation <input type="checkbox"/> 5 shock trauma resuscitation <input type="checkbox"/> 6 expired
DISPOSITION <input type="checkbox"/> 1 treatment not needed <input type="checkbox"/> 2 treatment refused <input type="checkbox"/> 3 transport refused <input type="checkbox"/> 4 transport not needed <input type="checkbox"/> 5 canceled <input type="checkbox"/> 6 false alarm <input type="checkbox"/> 7 transported by private car <input type="checkbox"/> 8 other service transport by Name: Other Service Number <input type="checkbox"/> 9 transported to: Destination Code <input type="checkbox"/> 10 dead at scene	PREHOSPITAL CARE SUMMARY (Check all that apply, regardless of level) BLS <input type="checkbox"/> 201 extrication <input checked="" type="checkbox"/> 202 assessment <input checked="" type="checkbox"/> 203 airway management <input type="checkbox"/> 204 oxygen <input type="checkbox"/> 205 pocket mask <input checked="" type="checkbox"/> 206 nasal/oral airway <input type="checkbox"/> 207 bag valve mask <input type="checkbox"/> 208 demand valve <input type="checkbox"/> 209 CPR <input type="checkbox"/> 210 control of bleeding <input type="checkbox"/> 211 wound care <input type="checkbox"/> 212 spinal immobilization <input type="checkbox"/> 213 limb splinting <input type="checkbox"/> 214 MAST <input type="checkbox"/> 215 OB delivery <input type="checkbox"/> 216 other (narrative)	IV LEVEL <input checked="" type="checkbox"/> 217 IV <input type="checkbox"/> 218 EOA <input type="checkbox"/> 219 D 50 W <input type="checkbox"/> 220 Naloxone (Narcan) <input type="checkbox"/> 221 Blood sample <input type="checkbox"/> 222 other: (narrative) ALS <input type="checkbox"/> 223 Intubation <input checked="" type="checkbox"/> 224 Defibrillation <input type="checkbox"/> 225 Cardiac monitor <input checked="" type="checkbox"/> 226 Cardiac medication <input type="checkbox"/> 227 Other medications <input type="checkbox"/> 228 Chest decompression <input type="checkbox"/> 229 Cricothyrotomy <input type="checkbox"/> 230 Other (narrative)	CREW CB 1 CB 2 CB 3 CB 4 CB 5 CB 6 CB 7 CB 8 CB 9 CB 10 CB 11 CB 12 CB 13 CB 14	
Check if applicable: Possible alcohol/drug related Seatbelt/restraint utilized Motorcycle helmet utilized	Yes No Unknown	Level: (List number of personnel responding for each level). 1 FR 2 EMT - B 3 EMT - IV 4 EMT - P 5 Other	CREW CODES/NAMES	ALLERGIES

	2005	2015	2030						
AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU
20	20	20	20						
50	58	40							
HR/P	HR/P	HR/P							
	3	3	3						
BVM 15 LPM									
Oxygen									
MAST <input type="checkbox"/> Legs <input type="checkbox"/> Abdom.	R AND	L AC					18	100CC	
IV Site <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Arm <input type="checkbox"/> Other							IV GAUGE:	Total Volume :	
D 50 W	Narcan								
Defibrillation (Watt/Sec)									

GLASGOW COMA
SCALE TOTALTRAUMA SCORE
TOTAL

NARRATIVE:

To include: Patient identification, chief complaint, current history, physical examination, past medical history, medical communication, treatment and outcome.

C/C: PT IN RESP. ARREST. DUE TO INJ IN MVA

H/X: PT PREVIOUSLY INVOLVED IN MVA, BROUGHT TO ER. PT ASSESSED/R/X IN ER. T/X TO UNM PER DR ORDERS

A/X: PT ON LSB. ON VENT. IV'S W/ BLOOD SET UP. SINUS TACH ON H
PUPILS UNREACTIVE. B.P. AT 78/P RANGE. SKIN W/D PINK. 98% O2 S
FOLEY IN PLACE NO DISCOLORATION NOTED. NO SPONTANEOUS RESP.

R/X: PT T/X TO AMB. MONITORED EN ROUTE. RELEASED PT TO FLIGHT

T/X: PT T/X CODE 3 FROM GRING ER TO GCAP

REFUSAL of SERVICE: I have been told, and understand that I am in need of evaluation, treatment and/or transportation to a hospital, and of my own free will, and against advice given, acknowledge MY REFUSAL of such help.

Physician

Signature

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
FACILITY TO WHICH
OCCUPANT WAS TRANSFERRED AND HOSPITALIZED**

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police _____

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained passenger (DS)

Expired 12:40 of second day (DS)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

— No

✓ Yes

(DS)

Blood Alcohol Level
(mg/dl)

BAL = —

Glasgow Coma
Scale Score

GCS = 3

(HP, PP1, PP3, DS)

Units of Blood
Given

Units = —

2226 | 0947 0948 0949 1141 1149
Arterial Blood Gases

7.28 pH = 7.22 7.13 7.06 7.22 7.13

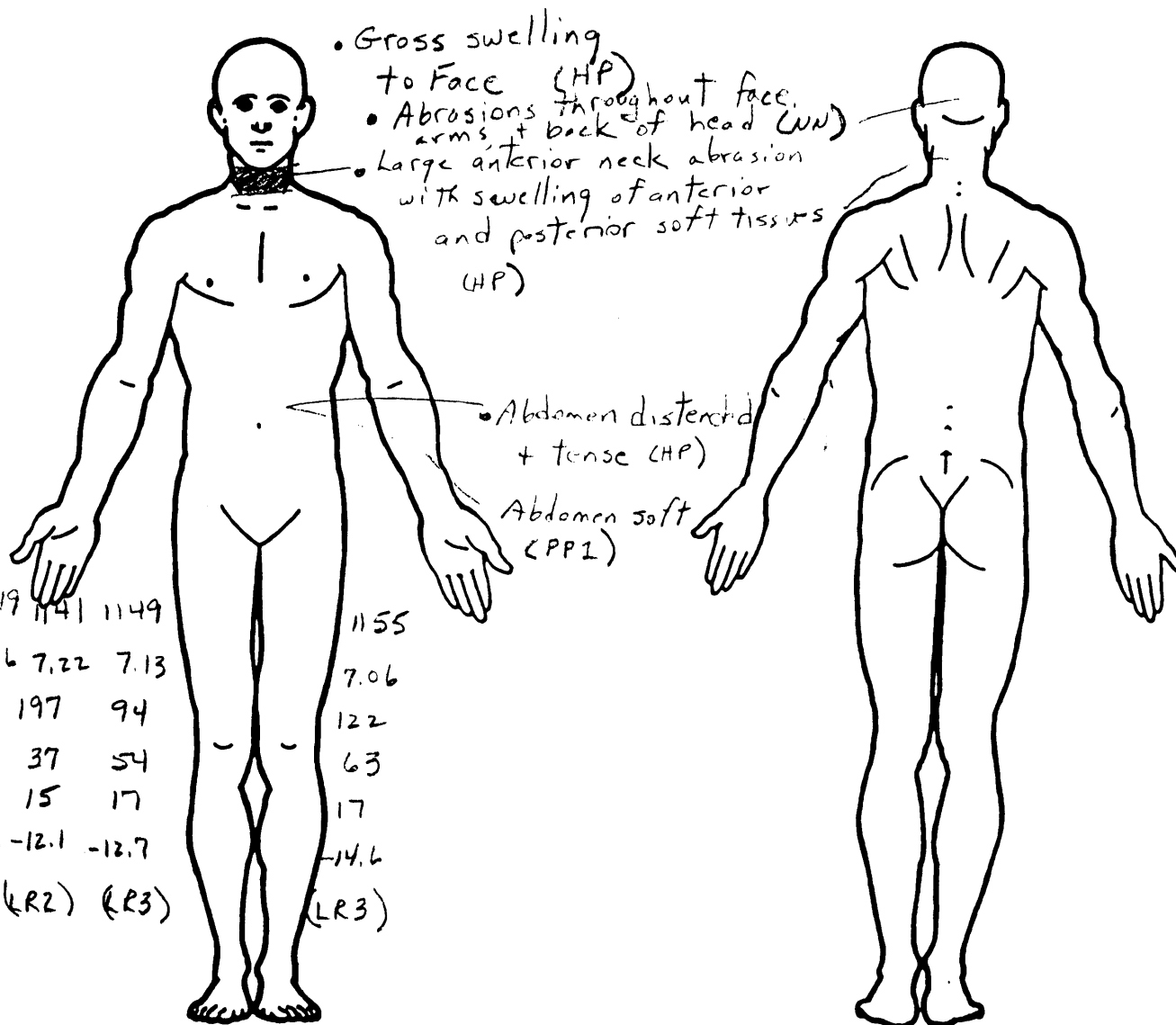
204 PO₂ = 197 94 122 197 94

22 PCO₂ 37 54 63 37 54

10 HCO₃ 15 17 17 15 17

-14.3 Deficit -12.2 -14.6 -12.1 -12.7

(LR1) (PS2) (PS2) (PS2) (LR2) (LR3)
(LR1) (LR1) (LR1)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Abnormal distraction between the skull base and C₂ in the lower spine and body (PX2)
- Anterior displacement of head relative to spine
- Bilateral temporomandibular dislocation (PX1, PX2)
- Chest X-ray: Normal (PX1) (PP1)
- Fr bilateral mandibular condyles in anterior-posterior direction (PX1, PX2)
- Abdomen/Pelvis: Large amount of air in bowel (PP1)
- Subluxation C₂-C₃ (PP2, PP3, DS)
- Anterior subluxation C₃ on C₄ (HP, PP1)
- Ring of C₁ is abnormally angulated with (L) lateral mass close to occipital condyle + (R) lateral mass of C₁ close to lateral mass of C₂ (PX2)
- Small bony fragment is visible between odontoid process + (L) lateral mass of C₁, consistent with a small avulsion fracture (PX2)
- Dx
 - Atlanto-Occipital Association (PX1)
- SCI: because of a transcription error, the word should have been Disassociation
- Atlanto-Occipital dislocation (PX2)
- Atlanto-axial dislocation with anterior displacement of skull relative to spine (PX2)

INJURY SOURCES

FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR OF OCCUPANT'S VEHICLE
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify) _____	(454) Unknown exterior objects
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify) _____	
(010) Left instrument panel and below			EXTERIOR OF OTHER MOTOR VEHICLE
(011) Center instrument panel and below	INTERIOR		(501) Front bumper
(012) Right instrument panel and below	(151) Seat, back support		(502) Hood edge
(013) Glove compartment door	(152) Belt restraint webbing/buckle		(503) Other front of vehicle (specify): _____
(014) Knee bolster	(153) Belt restraint B-pillar or door frame attachment point		
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(154) Other restraint system component (specify): _____	ROOF	(504) Hood
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(155) Head restraint system	(201) Front header	(505) Hood ornament
(017) Windshield reinforced by exterior object (specify) _____	(160) Other occupants (specify): _____	(202) Rear header	(506) Windshield, roof rail, A-pillar
	(161) Interior loose objects	(203) Roof left side rail	(507) Side surface
	(162) Child safety seat (specify): _____	(204) Roof right side rail	(508) Side mirrors
		(205) Roof or convertible top	(509) Other side protrusions (specify): _____
	(163) Other interior object (specify): _____	FLOOR	
		(251) Floor (including toe pan)	(510) Rear surface
	AIR BAG	(252) Floor or console mounted transmission lever, including console	(511) Undercarriage
	(170) Air bag-driver side	(253) Parking brake handle	(512) Tires and wheels
	(171) Air bag-driver side and eyewear	(254) Foot controls including parking brake	(513) Other exterior of other motor vehicle (specify): _____
	(172) Air bag-driver side and jewelry	REAR	(514) Unknown exterior of other motor vehicle
LEFT SIDE	(173) Air bag-driver side and object held	(301) Backlight (rear window)	
(051) Left side interior surface, excluding hardware or armrests	(174) Air bag-driver side and object in mouth	(302) Backlight storage rack, door, etc.	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(052) Left side hardware or armrest	(175) Air bag compartment cover-driver side	(303) Other rear object (specify): _____	(551) Ground
(053) Left A (A1/A2)-pillar	(176) Air bag compartment cover-driver side and eyewear	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	(598) Other vehicle or object (specify): _____
(054) Left B-pillar	(177) Air bag compartment cover-driver side and jewelry	(401) Hand controls for braking/acceleration	(599) Unknown vehicle or object
(055) Other left pillar (specify): _____	(178) Air bag compartment cover-driver side and object held	(402) Steering control devices (attached to OEM steering wheel)	
(056) Left side window glass	(179) Air bag compartment cover-driver side and object in mouth	(403) Steering knob attached to steering wheel	NONCONTACT INJURY
(057) Left side window frame	(180) Air bag-passenger side	(405) Replacement steering wheel (i.e., reduced diameter)	(601) Fire in vehicle
(058) Left side window sill	(181) Air bag-passenger side and eyewear	(406) Joy stick steering controls	(602) Flying glass
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(182) Air bag-passenger side and jewelry	(407) Wheelchair tie-downs	(603) Other noncontact injury source (specify): _____
(060) Other left side object (specify): _____		(408) Modification to seat belts, (specify): _____	(604) Air bag exhaust gases
		(409) Additional or relocated switches, (specify): _____	(697) Injured, unknown source
RIGHT SIDE		(410) Raised roof	
(101) Right side interior surface, excluding hardware or armrests			

OFFICIAL INJURY DATA —INTERNAL INJURIES

- Cardiac Arrest @ Scene (PP1, PP3)

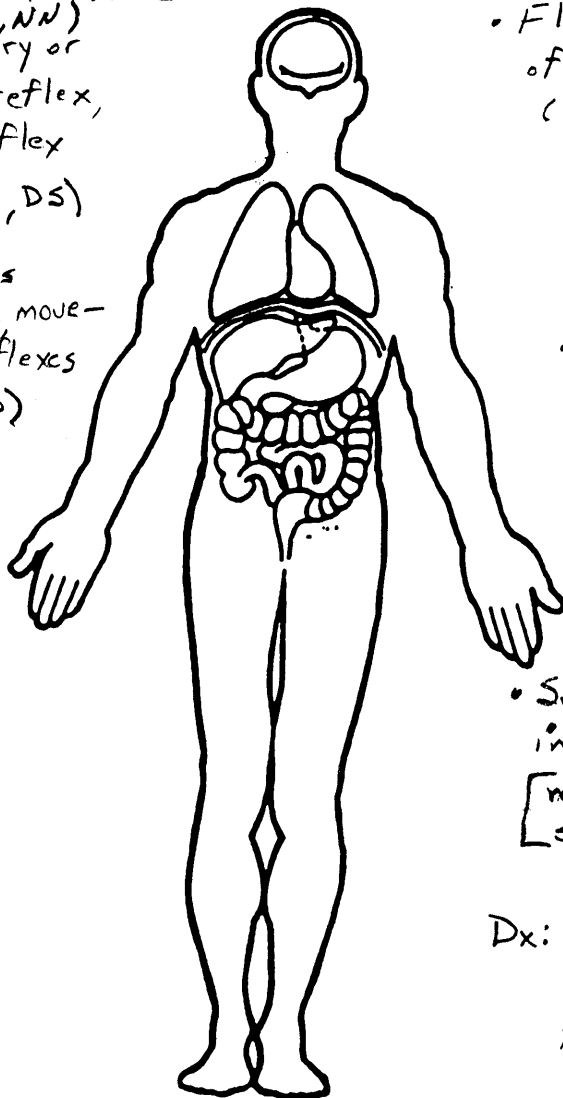
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Unresponsive (GCS=3)
(HP, PP1, PP2, PP3, DS)

- Pupils fixed + dilated
(PP1, PP3, NN)

- No pupillary or corneal reflex, no gag reflex
(HP, PP1, PP3, DS)

- No spontaneous respirations, movement, or reflexes
(PP1, PP3, DS)



- Autopsy refused by Parents (PP3)
- Organ donation declined (PP2)

- Likely anoxic (HP)

- Flaccid, no tone of extremities
(HP, PP1, NN)

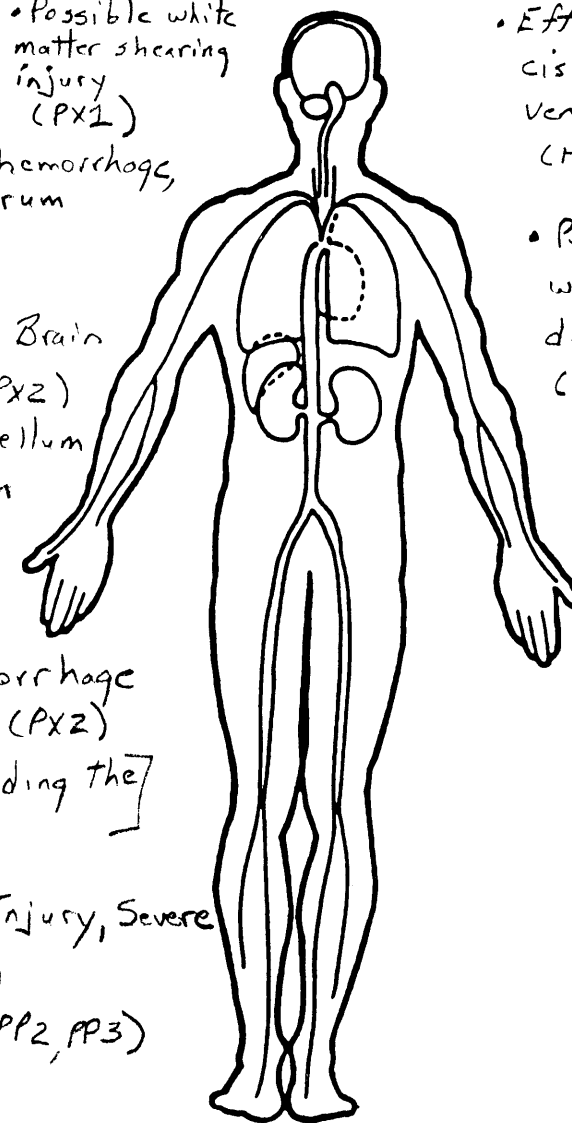
- Subarachnoid hemorrhage, diffuse in cerebrum
(HP, PX1)

- Severe Diffuse Brain Edema (PX1, PX2) including cerebellum and brainstem
(PX2)

- Subarachnoid hemorrhage in Thecal sac (PX2)
[membranes surrounding the spinal cord]

Dx: Closed Head Injury, Severe
(HP, PP1, PP2, DS)
Brain Death (PP2, PP3)

- No response to painful stimulation
(HP, DS)



- Effaced basilar cisterns + 4th ventricle
(HP, PX1)

- Poor gray-white matter differentiation
(HP, PX1)

CAUSE OF DEATH

Severe closed Head Injury (PP3)
C₂-C₃ Subluxation (PP3)

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

PP = Physician Progress Notes
PS = Pulmonary Services

DS = Death Summary
LR = Laboratory Record

HEALTH SCIENCES CENTR

Request for Admission

Date of Admission: 1/96 Time: 2218Name: [REDACTED] Birthdate: [REDACTED] Sex: MAddress: [REDACTED] Street City State TelephoneMedical Record #: [REDACTED] Financial Class: [REDACTED]Admitting Physician #: [REDACTED] Attending Physician #: [REDACTED]Admitting Service: B+T Referring Physician/Facility: [REDACTED]Diagnosis: CITProcedure: [REDACTED] Date: [REDACTED]Admission Priority: Routine Elective [REDACTED] Emergency ✓Anticipated Length of Hospitalization [REDACTED]Room Preference: Private [REDACTED] Semiprivate [REDACTED] ICU [REDACTED]Subacute [REDACTED] Isolation [REDACTED] Monitor [REDACTED]Bed Type Reason: Med. Necessary [REDACTED] Pt. Pref. [REDACTED] OA [REDACTED]Nursing Unit: [REDACTED] Utilization ReviewRoom/Bed #: [REDACTED] Type: [REDACTED] Approved [REDACTED]Admission Source: [REDACTED] Denied [REDACTED]Smoker: Yes [REDACTED] No [REDACTED] Date [REDACTED]Reviewer [REDACTED]

For routine admissions, please attach written orders for laboratory (including crossmatch), radiology, and cardiology, along with appropriate requisitions. (Note: Requisitions will be addressographed at the time of admission.)
Signed, written orders for all of the above procedures must appear in the patient's chart for auditing purposes.

Last Seen at UNMH/BCMC		Soc. Sec #		Previous Name		Birthplace		Marital Status	
EO	Occupation			Special Prog.		Religious Pref.			
Employer Name								Phone #	
NEXT OF KIN: Relationship/Name				Address				Phone #	
IN EMERGENCY: Relationship/Name				Address				Phone #	
GUARANTOR: Name/Address Sex M <input type="checkbox"/> F <input type="checkbox"/>				Relationship		Soc. Sec. #		Spec. Cond. CRI	
				Home Phone		Emp Sts		How Long Occupation	
Employer			Address					Phone #	
INSURANCE	FC 1	Ins Plan 1	Coverage Name	Pts. Rel/Ins'd Name		Pol # Grp #		Ver.	
	Ins/Emp Company Name/Address								
	FC 2	Ins Plan 2	Coverage Name	Pts. Rel/Ins'd Name		Pol # Grp #		Ver.	
	Ins/Emp Company Name/Address								
PUBLICITY: YES <input type="checkbox"/> NO <input type="checkbox"/>					VALUABLES: YES <input type="checkbox"/> NO <input type="checkbox"/>				
Inpatient in the last 60 days? YES <input type="checkbox"/> NO <input type="checkbox"/>				If YES, when		Where			
Name and Address of Hospital				Acc Type		Accident Date & Time			
COMMENTS:									

PHYSICAL EXAMINATION

DATE OF EXAM	HEIGHT	WEIGHT	TEMPERATURE	PULSE	BLOOD PRESSURE
		HEAD SIZE			

INSTRUCTIONS - Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics; (22) Pelvic Exam.

Gen: pt intubated = NG tube / E-T tube, air well placed, unresponsive

GCS = 3

HEENT: face = gross swelling, large anterior neck abscess visualized = swelling of ant & posterior soft tissue swelling; right ear (A) & unresponsive, nonreactive

~~exam~~ M7

neck: CTA (B)

Heart: PRR

Abd: 0 BS, distended, tense

Ext: palpable PP pulses (B) - skeletal survey (-) - 0 crepitus or step-off noted

Neuro: GCS = 3 Pt is pupillary, corneal reflex (B), gag

flaccid - 0 tone of extremities

0 response to painful stimulation

GU: Foley in place, uncircumcised, testes to 4.

Testes

ADDRESSOGRAPH

PHYSICAL EXAMINATION

effaced basilar cisterns
 CT of head: effaced basilar cisterns, 4th ventricle effaced;
 subarchnoid blood seen. sulcal gyral differentiation
 subarachnoid blood seen, & sulcal or gyral differentiation - ground glass
 appearance.
 CT of C-spine: ⊕ soft tissue swelling @ C3-C4, ant. swelling of C3-C4 -
 cannot distinguish higher level from scan
 cannot distinguish higher level from scan

INITIAL IMPRESSION

A) 730 P^r severe CHI - likely anoxic & anterior subarachnoid C3-C4
 P) 1) Will discuss severity of injury - presently
 2) Will report presently until able to discuss c family.

SIGNATURE OF PHYSICIAN

DATE





BACK


HISTORY - PART 1	CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNES	DATE <u> </u> /96
------------------	---	----------------------

740 8¹ passenger in - lost ^{vitals} vitals @ ^{scene} scene,
 CPR in progress by ^{bystander} bystander when arrived. Pt
 air-lifted from hospital. Pt is GCS of 3 @
^{scene} scene, @ bar arrived to . Pt taken to
 Pt on backboard - head between towels.

ADDRESSOGRAPH

HISTORY - PART 2

PAST HISTORY - REVIEW OF SYSTEMS

DATE /96

INSTRUCTIONS - INCLUDE 1) OCCUPATION, 2) HABITS (Alcohol, Tobacco, Drugs), 3) FAMILY HISTORY,
4) CHILDHOOD ILLNESSES, 5) ADULT ILLNESSES, 6) OPERATIONS, 7) INJURIES
8) DRUG SENSITIVITIES AND ALLERGIC REACTIONS AND 9) IMMUNIZATION HISTORY

Med Hx : ?

Medx : ?

Surg Hx : ?

Allergies : NKDA

Immunization : ?


ADDRESSOGRAPH

Progress Notes
(Sign All Copies)

DATE	Resident
96	Chief Res Admit Note:
27:59	740 male in MVAE massive closed head injury
	in in . Transfer to in E GCS=3T
	pupils fixed & dilated, ^{respirations} & spontaneous respiration
	reflexes, placed. Pt reported to have
	Cardiopulmonary arrest @ scene & possibly
	10 min ^{down} ^{time} in in in
	5 medication, NGT placed. Holey
	Pt arrived @ URM via air & Exom as
	above. Abdomen = soft BP=88/45
	Xrays from skull = C3C4 Sublux, CXR=NL,
	Abdom/pelvis = large amount of air in bowel
	& free air under diaphragm.
	(A) 740 @ = Severe CHI GCS=3 NO
	evidence of other injury
	(P) 1) CT head & neck
	2) D/W family for further plans
	3) Have D/W in
	in MD
	in
	in
	ADDRESSOGRAPH
	in
	in
	in

(Continue on Reverse Side)

(Continue on Reverse Side)

[illegible]

10105 (3/93)

PP3

Date _____ Room # _____

PHYSICIANS ORDERS _____

SECRETIONS CODES AMT:

A. SMALL C. LARGE
B. MODERATE D. NO RETURN

CONSIST

E. THK JORMAL
F. THN PURULENT

COLOR

I. WHITE
J. YELLOWK. CLEAR
L. BLOODY
M. OTHERCHEST EXCURSION: SYM ASYM
RESPIRATIONS: NO DISTRESS SOB LABOREDCOUGH
SPURT

AUSCULTATION:

1 CLEAR 3 RALES 5 OTHER
2 RHONCHI 4 WHEEZE

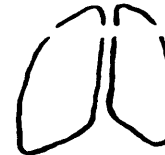
SPECIFY A or P

CHEST EXCURSION: SYM ASYM
RESPIRATIONS: NO DISTRESS SOB LABOREDCOUGH
SPURT

AUSCULTATION:

1 CLEAR 3 RALES 5 OTHER
2 RHONCHI 4 WHEEZE

SPECIFY A or P

SPUTUM: COLOR _____ CONSIST _____ AMT _____
(PaO₂/PaO₂) = _____ (PaO₂/Fio₂) = _____NONE
POOR
MOD
STRONGAIRWAY NASAL ORAL STABILITY _____
PLACEMENT _____ cm @ _____ TEETHSUBJ. _____
TIME _____
DAYS: RT. SIGNATURE: _____SPUTUM: COLOR _____ CONSIST _____ AMT _____
(PaO₂/PaO₂) = _____ (PaO₂/Fio₂) = _____NONE
POOR
MOD
STRONGAIRWAY NASAL ORAL STABILITY _____
PLACEMENT _____ cm @ _____ TEETHSUBJ. _____
TIME _____
DAYS: RT. SIGNATURE: _____CHEST EXCURSION: SYM ASYM
RESPIRATIONS: NO DISTRESS SOB LABOREDCOUGH
SPURT

AUSCULTATION:

1 CLEAR 3 RALES 5 OTHER
2 RHONCHI 4 WHEEZE

SPECIFY A or P

CHEST EXCURSION: SYM ASYM
RESPIRATIONS: NO DISTRESS SOB LABOREDCOUGH
SPURT

AUSCULTATION:

1 CLEAR 3 RALES 5 OTHER
2 RHONCHI 4 WHEEZE

SPECIFY A or P

SPUTUM: COLOR _____ CONSIST _____ AMT _____
(PaO₂/PaO₂) = _____ (PaO₂/Fio₂) = _____NONE
POOR
MOD
STRONGAIRWAY NASAL ORAL STABILITY _____
PLACEMENT _____ cm @ _____ TEETHSUBJ. _____
TIME 2213
NIGHTS: RT. SIGNATURE: _____SPUTUM: COLOR _____ CONSIST _____ AMT _____
(PaO₂/PaO₂) = _____ (PaO₂/Fio₂) = _____NONE
POOR
MOD
STRONGAIRWAY NASAL ORAL STABILITY _____
PLACEMENT _____ cm @ _____ TEETHSUBJ. _____
TIME _____
NIGHTS: RT. SIGNATURE: _____

2210 - Received pt from Lifeguard - Intubated & SIOETT BS
 are b. lat & equal - Vent settings checked at (2) - Bag & mask
 checked
 transported
 + on - transported to ICU - [REDACTED]
 transported
 2235 - pt transported to ICU - [REDACTED]

Weaning
Parameters

VT =

VC =

NIF =

RR =

V =

FEV₁ =

FVC =

FEV₁ / FVC =

E.T. SIZE

VENT TYPE

APNEA

R.H.

LAND MARK

VENT DAY

VENT #

ADDITIONAL NOTES ON BACK

SIGNATURES: DAY

NIGHT [REDACTED]

PULMONARY SERVICES • ICU FLOW SHEET

DAY SHIFT		"CHARGES"		NIGHT SHIFT			
VENT SETUP	X	RIB	X	VENT SETUP	X	RIB	X
VENT HOURS	X	R.T. EVAL	X	VENT HOURS	X	R.T. EVAL	X
AWY MAINT	X	TRAN O ₂	X	AWY MAINT	X	TRAN O ₂	X
MED-N	X	C. MED-N	X	MED-N	X	C. MED-N	X
CPT	X	IPPB	X	CPT	X	IPPB	X
ABG	X	IS	X	ABG	X	IPPB	X
OXIM	X	USN	X	OXIM	X	IS	X
AER-C	X	CPR	X	AER-C	X	IS	X
O ₂	X	CO ₂	X	O ₂	X	IS	X
WEAN-P	X	TRAN-V	X	WEAN-P	X	CPR	X
PFT	X			PFT	X	X	X

PS1

PHYSICIANS ORDERS Suz

SECRETIONS CODES AMT.

A. SMALL
B. MODERATE
C. LARGE
D. NO RETURN

CONSIST



E. THICK
F. THIN
G. NORMAL
H. PURULENT

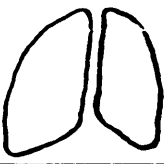
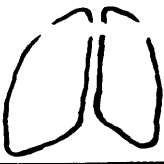
COLOR

I. WHITE
J. YELLOW

K. CLEAR

L. BLOODY
M. OTHER

CHEST EXCURSION: <u>SYM</u> RESPIRATIONS: NO DISTRESS SOB LABORED		AUSCULTATION: <u> </u> 1 CLEAR 2 RHOCH 3 RALES 4 WHEEZE 5 OTHER		CHEST EXCURSION: SYM ASYM RESPIRATIONS: NO DISTRESS SOB LABORED		AUSCULTATION: <u> </u> 1 CLEAR 2 RHOCH 3 RALES 4 WHEEZE 5 OTHER	
SPUTUM: COLOR _____ CONSIST _____ AMT _____ (PAO ₂ - PaO ₂) = _____ (PaO ₂ / Fio ₂) = _____		SPECIFY A or P 		SPUTUM: COLOR _____ CONSIST _____ AMT _____ (PAO ₂ - PaO ₂) = _____ (PaO ₂ / Fio ₂) = _____		SPECIFY A or P 	
AIRWAY NASAL ORAL STABILITY _____ PLACEMENT _____ cm @ _____ TEETH		SUBJ. _____ TIME _____ DAYS: RT. SIGNATURE: _____		AIRWAY NASAL ORAL STABILITY _____ PLACEMENT _____ cm @ _____ TEETH		SUBJ. _____ TIME _____ DAYS: RT. SIGNATURE: _____	

CHEST EXCURSION: <u>SYM</u> ASYM RESPIRATIONS: NO DISTRESS SOB LABORED		AUSCULTATION: <u> </u> 1 CLEAR 2 RHOCH 3 RALES 4 WHEEZE 5 OTHER		CHEST EXCURSION: SYM ASYM RESPIRATIONS: NO DISTRESS SOB LABORED		AUSCULTATION: <u> </u> 1 CLEAR 2 RHOCH 3 RALES 4 WHEEZE 5 OTHER	
SPUTUM: COLOR _____ CONSIST _____ AMT _____ PAO ₂ - PaO ₂ = _____ PaO ₂ / Fio ₂ = _____		SPECIFY A or P 		SPUTUM: COLOR _____ CONSIST _____ AMT _____ PAO ₂ - PaO ₂ = _____ (PaO ₂ / Fio ₂) = _____		SPECIFY A or P 	
AIRWAY NASAL ORAL STABILITY _____ PLACEMENT _____ cm @ _____ TEETH		SUBJ. _____ TIME _____ NIGHTS: RT. SIGNATURE: _____		AIRWAY NASAL ORAL STABILITY _____ PLACEMENT _____ cm @ _____ TEETH		SUBJ. _____ TIME _____ NIGHTS: RT. SIGNATURE: _____	

OTIS (anticoag on pt in the Servo-Cvent in use.
Assessment above 1000 Pt set up in the
Wellcor ETCO₂ monitor 1143 Apnea brain death
test performed. Dr Morris at bedside. ABG obtained
prior to test - 7.22/37/197/15. 10 fr catheter inserted into
ETT in 8 1/2" blood into lungs. ABG p 7.13/54/54/17
ABG p 10 min 7.06/63/127/17. Pt placed back on
Servo-Cvent in shared settings 1200 Ventilator
D.C.D. /

Weaning
Parameters
VT =
VC =
NIF =
RR =
V =
FEV₁ =
FVC =
FEV₁ / FVC =
E.T. SIZE
5.0
VENT TYPE
Servo
APNEA
-
R.H.
-Z
LAND MARK
VENT DAY
2
VENT #
16

ADDITIONAL NOTES ON BACK

SIGNATURES: DAY [Signature] NIGHT

PULMONARY SERVICES • ICU FLOW SHEET

DAY SHIFT		"CHARGES"		NIGHT SHIFT			
VENT SETUP	X	RIB	X	VENT SETUP	X	RIB	X
VENT HOURS	X 6.5	R.T. EVAL	X	VENT HOURS	X	R.T. EVAL	X
AWY MAINT	X 1	TRAN O ₂	X	AWY MAINT	X	TRAN O ₂	X
MED-N	X	C. MED-N	X	MED-N	X	C. MED-N	X
CPT	X	IPPB	X	CPT	X	IPPB	X
ABG	X	IS	X	ABG	X	IS	X
OXIM	X 6.5	USN	X	OXIM	X	USN	X
AER-C	X	CPR	X	AER-C	X	CPR	X
O ₂	X	CO ₂	X	O ₂	X	CO ₂	X
WEAN-P	X	TRAN-V	X	WEAN-P	X	TRAN-V	X
PFT	X			PFT	X		
RIB S.U.	X			RIB S.U.	X		

P52

Exam Performed: CT OF HEAD

Pertinent TRAUMA
Clinical Data:

Date/Time of Exam: -96

2315 HRS

Ordering Physician: ,

Patient
LOC:

Attending Physician: .

Attend SUR
LOC:

Radiologist's Report:

TECHNIQUE: CT SCAN OF THE HEAD WAS OBTAINED FROM THE BASE THROUGH THE VERTEX WITHOUT INTRAVENOUS CONTRAST ADMINISTRATION, USING CONTIGUOUS 5 MM SLICE THICKNESS.

CLINICAL HISTORY: MOTOR VEHICLE ACCIDENT.

FINDINGS: THE VENTRICULAR SYSTEM IS SMALL, THE THIRD VENTRICLE NON-VISIBLE AND THE FOURTH VENTRICLE TINY. THE LATERAL VENTRICLES ARE ALSO SMALL. THE VENTRICLES ARE NORMAL IN POSITION. THERE IS NO EVIDENCE OF EXTRA-AXIAL HEMATOMA. HOWEVER, THERE IS DIFFUSE SUBARACHNOID HEMORRHAGE PRESENT. PUNCTATE FOCI OF HIGH ATTENUATION IN SCATTERED LOCATIONS OVER THE BRAIN CONSISTENT WITH EITHER AREAS OF SUBARACHNOID HEMORRHAGE OR POSSIBLY SHEARING INJURY. BASILAR CISTERNS ARE ALSO NEARLY EFFACED. SULCI ARE NOT VISIBLE. NO SKULL FRACTURES ARE IDENTIFIED. HOWEVER, THERE ARE BILATERAL LUCENCIES IN AN ANTERIOR POSTERIOR DIRECTION INVOLVING THE MANDIBULAR CONDYLES, CONSISTENT WITH FRACTURE. THERE ALSO APPEARS TO BE BILATERAL DISLOCATION WITH MANDIBLE NOT SEEN ON THE PROPER LOCATION IN THE GLENOID FOSSA. FLUID IS PRESENT IN THE LEFT MASTOID AIR CELLS. THE SCOUT FILM DEMONSTRATES DISTRACTION OF THE HEAD RELATIVE TO THE SPINE AND ANTERIOR DISPLACEMENT OF THE HEAD RELATIVE TO THE SPINE. THERE IS DIFFUSE LOW DENSITY OF THE BRAIN WITH VERY POOR GRAY WHITE DIFFERENTIATION.

CPT Codes			
			ICD-9 Codes
Patient Account Number:			
Patient Financial Class:	S		

Radiology Consultation

D: -96
T: -96
BLH/dkh

E- 7/2

PAGE 2

CONCLUSION: SEVERE, DIFFUSE EDEMA OF THE BRAIN WITH DIFFUSE SUBARACHNOID HEMORRHAGE AND EFFACEMENT OF THE SULCI, VENTRICLES AND CISTERNS. IN ADDITION, THERE IS EVIDENCE ON THE SCOUT FILM OF A ATLANTO-OCCIPITAL ASSOCIATION. MANDIBULAR FRACTURES AND DISLOCATIONS ARE VISIBLE.

[REDACTED] M.D. [REDACTED]
[REDACTED]

Radiology Consultation

D: [REDACTED]-96
T: [REDACTED]-96
BLH/dkh

Exam Performed: CT OF NECK, CERVICAL SPINE

Pertinent TRAUMA
Clinical Data:

Date/Time of Exam: [REDACTED] 96

2315 HRS

Ordering Physician: [REDACTED], [REDACTED]

Patient PIC
LOC:

Attending Physician: [REDACTED], M.D. [REDACTED]

Attend SUR
LOC:

Radiologist's Report:

TECHNIQUE: CT SCAN OF THE CERVICAL SPINE WAS OBTAINED FROM THE FORAMEN MAGNUM THROUGH THE UPPER CHEST USING SPIRAL TECHNIQUE. RECONSTRUCTION WAS PERFORMED USING 3 MM SLICE THICKNESS AT 3 MM INTERVALS. SAGITTAL AND CORONAL REFORMATION VIEWS WERE ALSO OBTAINED. NO INTRAVENOUS OR INTRATHECAL CONTRAST ADMINISTERED.

CLINICAL HISTORY: MOTOR VEHICLE ACCIDENT.

FINDINGS: CORRELATION IS MADE WITH ACCOMPANYING CT SCAN OF THE HEAD, WHICH DEMONSTRATES SEVERE, DIFFUSE EDEMA OF THE BRAIN. THIS IS REFLECTED ON THE LOWEST IMAGES THROUGH THE POSTERIOR FOSSA, IN WHICH THERE IS DIFFUSE LOW DENSITY INVOLVING THE CEREBELLAR HEMISPHERES AND BRAINSTEM. THERE IS ALSO EXTENSIVE EDEMA THROUGHOUT THE SOFT TISSUES OF THE NECK. THERE IS ABNORMAL DISTRACTION BETWEEN THE SKULL BASE AND C2 IN THE LOWER SPINE AND BODY. THE RING OF C1 IS ABNORMALLY ANGULATED, WITH LEFT LATERAL MASS CLOSE TO THE OCCIPITAL CONDYLE AND THE RIGHT LATERAL MASS CLOSE TO THE LATERAL MASS OF C2. SMALL BONY FRAGMENT IS VISIBLE BETWEEN THE ODONTOID PROCESS AND THE LEFT LATERAL MASS OF C1, CONSISTENT WITH A SMALL AVULSION FRACTURE. THE RING OF C1 IS ALSO ABNORMALLY ROTATED. NO OTHER FRACTURES WERE IDENTIFIED. THERE IS EXTENSIVE HIGH ATTENUATION IN THE SPINAL CANAL MOST CONSISTENT WITH SUBARACHNOID HEMORRHAGE SURROUNDING THE SPINAL CORD, AND EPIDURAL HEMORRHAGE IS ALSO LIKELY TO BE PRESENT.

CPT Codes			
			ICD-9 Codes
Patient Account Number:	[REDACTED]		
Patient Financial Class:	S		

Radiology Consultation

D: [REDACTED] 96
T: [REDACTED] 96
BLH/dkh

PAGE 2

BILATERAL MANDIBULAR CONDYLE FRACTURES ORIENTED IN AP DIRECTION ARE AGAIN VISIBLE, WITH EVIDENCE OF DISLOCATION WITHIN THE GLENOID FOSSA.

CONCLUSION: 1. ATLANTO-OCCIPITAL AND AXIAL DISLOCATION WITH ANTERIOR DISPLACEMENT OF THE SKULL RELATIVE TO THE SPINE. RING OF C1 IS ROTATED AND BRIDGES THIS ABNORMAL SPACE. EXTENSIVE SUBARACHNOID HEMORRHAGE IS PRESENT WITHIN THE THECAL SAC. PLEASE SEE ABOVE FOR FULL DETAILS.

[REDACTED] D. [REDACTED]

[REDACTED]

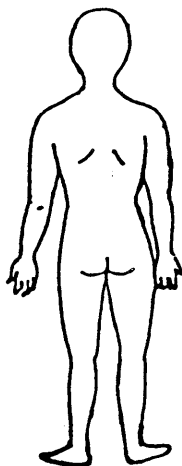
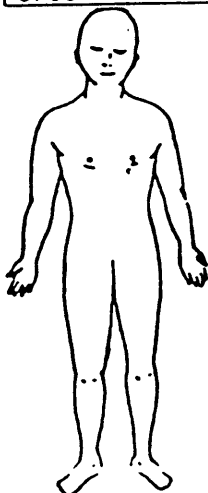
Radiology Consultation

D: [REDACTED]-96
T: [REDACTED]-96
BLH/dkh

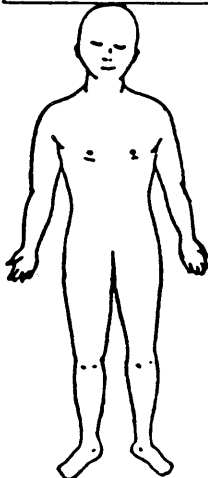
[REDACTED]
04-08-90
[REDACTED]-90

PUPILS		Best		GLASGOW COMA SCALE		Best	
response to light)	E	V	R	Pediatric	Revisional Use	Verbal Response	Usualty Record Best
3/ reaction	4 Spontaneously	5 Oriented	5	4 Easily Aroused	4	6 Obeys Commands	
3/no reaction	3 To Speech	4 Confused	4	5 Cries to Stimulus	5	5 Localizes Pain	
pupil dilated/not reacting	2 To Pain	3 Inappropriate Words	3			4 Flexion Withdrawal	
	1 None	2 Incomprehensive Sounds	2			3 Flexion to Pain	
	C= Eyes Closed by Swelling	1 None	1			2 Extension to Pain	
				T= Endotracheal tube or Trach.		1 None	Arm Response

0700 - 1900



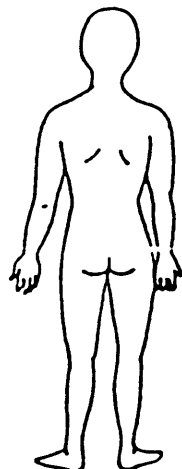
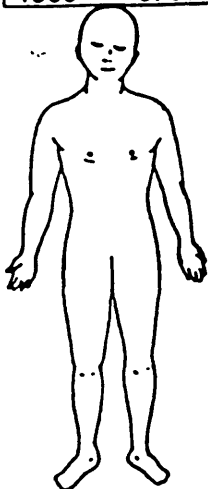
1900 - 0700



TIME		2000		Nurses' Notes / Interventions	
Neurologic	FOC/Fontanelle	closed		2200 Report received from [redacted] RN regarding 6yo O's slip ma. Pt trans-	
	Motor: Bicep/Grip	no movement		ferred to bed & sliding board, maintain-	
	Motor: Quad/Dorsiflex	flaccid		ing c-spine precautions. Pt flaccid. Cardiac	
	Gag/Cough	-/-		a respirator alarms set & on placed-	
	Blink/Corneal	- / not tested		on pt. Sensed via ETT for < 1 min & int	
Cardiovascular	Cardiac Rhythm	SR		blood tinged secretions. & gag reflex	
	Heart Sounds	(S1) (S2) S3 S4		noted. Temp 37.3, warming blankets	
	Murmur	no		& lights placed on pt. Care assumed by	
	Rub	no		2200 RN. Pt tolerated 5 & 6 BP. Ag	
	Edema	facial		2200 Back to PICU, placed in room,	
Invasive Line Sites	Skin/Color	pale pink, cool dry		pt bathed, c-collar intact. & further	
	Homan's	not tested		3's bleeding noted. Dad & bedside at	
	Pacemaker	Type	On/Off	Ama	AV int.
	Rate	Sens	Rate	v ma	
	2400 10 As noted. Pupils F=O. Invert-				
Pulmonary	Breath Sounds	Anterior Posterior		ing morn visit. Ag 1000 [redacted] -	
	1-clear 2-ronchi			must make aware of & urine output	
	3-tales 4-wheeze			& father's desire to talk & him re:	
	5-dimin 6-other			pts status. [redacted] bedside	
	7-equal			discussing pt condition. Ag 1000	
GI	ET size/CM @ incisor/nares	G.O		Pencare given for large liquid stool.	
	Sputum	dark brown		Pt temp ↑. Ag 1000 Grandmother	
	Ventilator Settings	VT	F _I O ₂ .40	[redacted] [redacted] [redacted] [redacted]	
	Continuous pulse	PIP	Peep + 5	General condition remains unchanged	
	Oximetry	PS	Mode 25	[redacted] 1000 O's sits & 88. Suctioned	
GU	Respiratory Effort	noted		for scant amt secretions. [redacted]	
	Abdomen	rigid		O's RTe bedside. F _O 2. O's sits 99.67.	
	Bowel Sounds	hyperactive		Kramer broil NS 500cc bolus in-	
	NG/Color (Drain to LWS draining brown			fusing for low urine output. Ag	
	hwyd. & 1/2 h. 5			OTIS: Report enclosed to am RN.	
Drains	Foley/Voids	To 10			
	Color/Clarity	light yellow			
	None				
Wounds					

NN

1900 - 0700



	Respiratory Effort	250 TV	MODE 27 SIMV
GI	Abdomen	rigid	
	Bowel Sounds	hyperactive	
	NG/Color (Drain to L)	drainage yellow	
	tracheal wheezes		
GU	Foley/Voids	To 60	
	Color/Clarity	light yellow	
Drains	None		
Wounds	Apnoeas throughout face, arms, back of head.		
Psychosocial	Dad's presence		
Misc.	Conscious	CBS	
Safety	Siderails	↑, 2	
	Call Light	on	
	Restraints	NA	
	Other Fall Precautions	none	
	Monitor Alarms	ON OFF	
	Ambu Bag/needle cath sys	mask on to com O2	
	Isolation Type	Universal	

Protocols in place ① Part of PICU pt ② Care of Family ④

Nursing diagnosis & etiology Apnoeas

Collaborative problem

Patient goals

Patient outcome

Patient & Family Teaching 12/20 Father & Mother explained to father pt's condition. Father asking appropriate questions. Father asked to keep pt alive until mother arrives. Explained to father that pt is not breathing on own but his heart beat on his own & that we would help his heart medication if he needed it before his mom arrived. Dad verbalized understanding.

verbalized understanding

Print Name

Initials

Signature

Hospital

ADMITTED: [REDACTED]-86

EXPIRED: [REDACTED]

Pediatric Surgery

ATTENDING: [REDACTED] M.D.

ADMITTING DIAGNOSIS: Severe closed head injury with C2, C3, subluxation.

HISTORY: The patient is a 6-year-old male who was involved in a motor vehicle accident who was a restrained passenger. At the scene of the accident he was found to be unresponsive where he was taken to the local Emergency Room in [REDACTED], at which time his neurologic status was also dismal. He had a Glasgow coma scale of 3. He was intubated at that Emergency Room. C-spine x-ray taken in that Emergency Room demonstrated a C2, C3, subluxation. Throughout the entire [REDACTED] Hospital course the patient remained unresponsive, and the patient had no cranial nerve reflexes and no motor response, and no vocal response. He was transferred to the [REDACTED] Hospital Trauma Center for further work-up and care.

PHYSICAL EXAMINATION: On arrival to [REDACTED] Hospital the patient was hypothermic to 35° C. he was again found to be unresponsive, specifically no corneal or pupillary reflexes, no gag reflexes, no motor response, and no vocal response.

HOSPITAL COURSE: The patient was given supportive care and remained on the ventilator. His outlook was presumed fatal, however, we proceeded to warm him to 36°. Extensive discussion was undertaken with the family and the outlook was given to them. With their agreement we proceeded with brain death, and apnea tests, and once the patient is at 36° C. After 10 minutes on the apnea test, the patient's PCO2 was 63, and he had no spontaneous respirations and brain death testing revealed, no corneal reflexes, no pupillary reflexes, and no gag response. He had no motor response to painful stimuli. Further discussion was again undertaken with the family and at that time, they wished to withdraw all supportive care. An extensive discussion was undertaken regarding organ donation. At 12:40 p.m. on [REDACTED] 1996, the patient was taken off of the ventilator and the monitors and subsequently expired.

OPERATIONS: None.

COMPLICATIONS: None.

IMPRESSION: Status post trauma.

DISPOSITION AND RECOMMENDATIONS: The patient was status post trauma and was transported to the Office of Medical Investigations.

[REDACTED] M.D.
Attending Physician

[REDACTED] M.D.
[REDACTED] M.D.
HOI - Surgery

cc: OMI

PEDIATRIC DEATH SUMMARY

D: [REDACTED] 96
T: [REDACTED] 96
AM/csm

Clinical Laboratory
Director: [REDACTED], MD

Patient Name: [REDACTED]
Medical Record #: [REDACTED]
DOB: [REDACTED] 1990 Age: 6 YRS Sex: M
Account Number: [REDACTED]
Attending MD: [REDACTED]
Service: PED
Ordering MD: [REDACTED]

BLOOD GASES

----- Test Performed in Ancillary Blood Gas Lab -----

Test:	TYPE	PH	PCO2	PO2	HCO3	CALC O2 SAT	D BASE
Units:			MMHG	MMHG	MMOL/L		
Reference:		7.35-7.45	33-38	65-75	18-26		
96 0949	ARTERIAL	7.06 *f	63 *f	122 H	17 L	95.6	-14.6
PH.....	IMMEDIATE ACTION RESULTS CALLED TO [REDACTED] 96 12:29.						
PCO2.....	IMMEDIATE ACTION RESULTS CALLED TO [REDACTED] 96 12:29.						
96 0948	ARTERIAL	7.13 *	54 H	94 H	17 L	92.8	-12.7
96 0947	ARTERIAL	7.22 L	37	197 H	15 L	99.3	-12.2
96 2226	ARTERIAL	7.28 L	22 L	204 H	10 *	99.5	-14.3

Footnotes

L - Low, H - High, * - Abnormal, f - Footnote

FINAL CHART

Report Date/Time: [REDACTED] 96 0625
End of Report
BLOOD GASES

Patient Name: [REDACTED]
Medical Record #: [REDACTED]
Location: [REDACTED] Age: 2

LR1

**BODY DIAGRAMS AND MEDICAL RECORDS
FROM
MEDICAL INVESTIGATOR'S
NON-INVASIVE POSTMORTEM EXAMINATION**

LABORATORY REPORTS

[REDACTED] HOSPITAL

input parameter

#(1143

Name :

Pat.Nr.: [REDACTED]

Date: [REDACTED] 1996

Time: 11:41

Nr [REDACTED]

Baro 641.0 mmHg

#THb R Std 15g/dl

#Temp 37.0 °C

pH 7.223

PCO₂ 37.0 mmHgPO₂ 157.4 mmHgHCO₃ 14.8 mmol/lO₂ sat 99.3 %

BE -12.1 mmol/l

AaDO₂ mmHg

#RQ 0.84 #FI02 0.21

LR2

LABORATORY REPORTS

HOSPITAL

Name :

Pat.Nr.: 0754

Date: -1996
Time: 11:55Nr 6927
Baro 640.9 mmHg#THb A Stc 15g/dl
#Temp 37.0 °CpH 7.058
PCO₂ 63.0 mmHg
PO₂ 121.8 mmHg
HCO₃ 17.2 mmol/l
O₂ sat. 55.6 %
BE -14.6 mmol/l
AaDO₂ mmHg
#RQ 0.84 #FI02 0.21

report here and

(Paste 2nd i

(Paste 1st repoi

Name :

Pat.Nr.: 0749

Date: 1996
Time: 11:49Nr 6926
Baro 641.0 mmHg#THb A Stc 15g/dl
#Temp 37.0 °CpH 7.125
PCO₂ 54.1 mmHg
PO₂ 93.5 mmHg
HCO₃ 17.2 mmol/l
O₂ sat. 92.8 %
BE -12.7 mmol/l
AaDO₂ mmHg
#RQ 0.84 #FI02 0.21

LR3

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit		(4) Central
(5) Abdomen	numbers beginning with	To the extent possible,	(5) Anterior
(6) Spine	02.	within the organizational	(6) Posterior
(7) Upper Extremity		framework of the AIS, 00	(7) Superior
(8) Lower Extremity		is assigned to an injury	(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:	NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Air bag deployed

Restrained? *

☐ No
☒ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Arterial Blood Gases

pH = ____

PO₂ = ____PCO₂ = ____HCO₃ = ____

Ⓡ front seat passenger and was apparently restrained

Weight: 54 Pounds

Height: 50 Inches

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Abrasion, 2" x 2", Ⓡ face, Ⓡ of mouth

• Bruising lower lip in midline

• Abrasion, 2½" x ½", horizontal overlying head of Ⓡ clavicle, separated from neck abrasion by 1"

• Abrasion, extensive, across upper neck extending from just below mandible to mid-lateral neck on Ⓡ to mid-lateral neck on Ⓡ; 2¼" x 2½" wide. Abrasion tents upwards, slightly underneath the ears just below the mandible

• Except for abrasion overlying Ⓡ clavicle, there are no injuries of the chest, abdomen, or back

Dx: Blunt trauma of head + neck

• Abrasion, ¾" x ½", of upper pinna, Ⓡ ear

• Abrasion, ¾" x ¼", overlying Ⓡ ear lobe

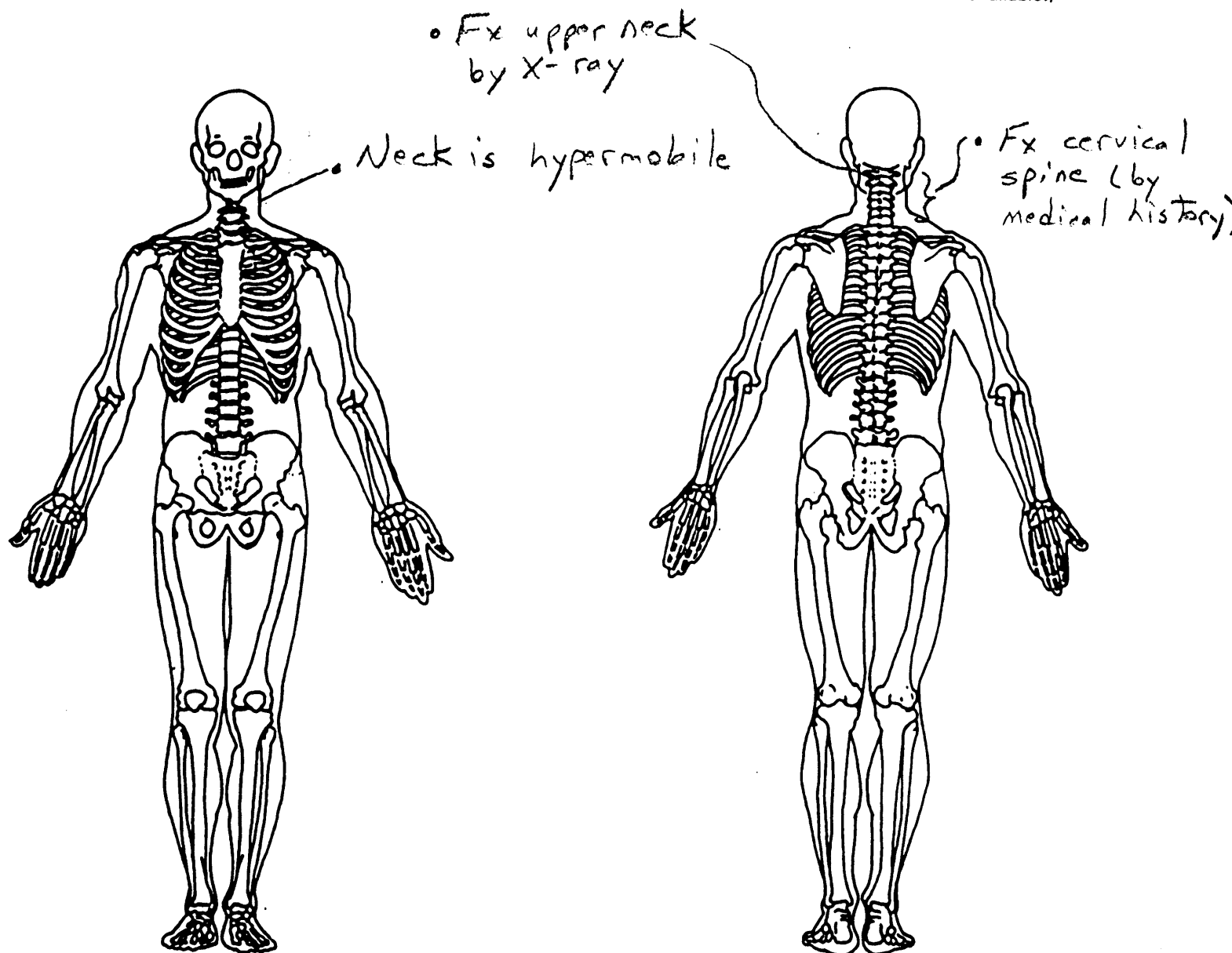
• Abrasion 6" x 4", upper Ⓡ lateral arm

• Abrasion, 1" circular, just above + lateral to Ⓡ elbow (posterior arm)

* There was a wide patterned abrasion across the anterior neck consistent in width with a seat belt

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

- FRONT**
- (001) Windshield
(002) Mirror
(003) Sunvisor
(004) Steering wheel rim
(005) Steering wheel hub/spoke
(006) Steering wheel (combination of codes 004 and 005)
(007) Steering column, transmission selector lever, other attachment
(008) Cellular telephone or CB radio
(009) Add on equipment (e.g., tape deck, air conditioner)
(010) Left instrument panel and below
(011) Center instrument panel and below
(012) Right instrument panel and below
(013) Glove compartment door
(014) Knee bolster
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(017) Windshield reinforced by exterior object (specify):

(019) Other front object (specify):

LEFT SIDE
(051) Left side interior surface, excluding hardware or armrests
(052) Left side hardware or armrest
(053) Left A (A1/A2)-pillar
(054) Left B-pillar
(055) Other left pillar (specify):

(056) Left side window glass
(057) Left side window frame
(058) Left side window sill
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(060) Other left side object (specify):

RIGHT SIDE
(101) Right side interior surface, excluding hardware or armrests
(102) Right side hardware or armrest
(103) Right A (A1/A2)-pillar
(104) Right B-pillar
(105) Other right pillar (specify):

(106) Right side window glass
(107) Right side window frame
(108) Right side window sill
(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(110) Other right side object (specify):

INTERIOR
(151) Seat, back support
(152) Belt restraint webbing/buckle
(153) Belt restraint B-pillar or door frame attachment point
(154) Other restraint system component (specify):

(155) Head restraint system
(160) Other occupants (specify):

(161) Interior loose objects
(162) Child safety seat (specify):

(163) Other interior object (specify):

AIR BAG
(170) Air bag-driver side
(171) Air bag-driver side and eyewear
(172) Air bag-driver side and jewelry
(173) Air bag-driver side and object held
(174) Air bag-driver side and object in mouth
(175) Air bag compartment cover-driver side
(176) Air bag compartment cover-driver side and eyewear
(177) Air bag compartment cover-driver side and jewelry
(178) Air bag compartment cover-driver side and object held
(179) Air bag compartment cover-driver side and object in mouth
(180) Air bag-passenger side
(181) Air bag-passenger side and eyewear
(182) Air bag-passenger side and jewelry
(183) Air bag-passenger side and object held
(184) Air bag-passenger side and object in mouth
(185) Air bag compartment cover-passenger side
(186) Air bag compartment cover-passenger side and eyewear
(187) Air bag compartment cover-passenger side and jewelry
(188) Air bag compartment cover-passenger side and object held
(189) Air bag compartment cover-passenger side and object in mouth
(190) Other air bag (specify)

(195) Other air bag compartment cover (specify)

ROOF
(201) Front header
(202) Rear header
(203) Roof left side rail
(204) Roof right side rail
(205) Roof or convertible top

FLOOR
(251) Floor (including toe pan)
(252) Floor or console mounted transmission lever, including console
(253) Parking brake handle
(254) Foot controls including parking brake

REAR
(301) Backlight (rear window)
(302) Backlight storage rack, door, etc.
(303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT
(401) Hand controls for braking/acceleration
(402) Steering control devices (attached to OEM steering wheel)
(403) Steering knob attached to steering wheel
(405) Replacement steering wheel (i.e., reduced diameter)
(406) Joy stick steering controls
(407) Wheelchair tie-downs
(408) Modification to seat belts, (specify):

(409) Additional or relocated switches, (specify):

(410) Raised roof
(411) Wall mounted head rest (used behind wheel chair)
(412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE
(451) Hood
(452) Outside hardware (e.g., outside mirror, antenna)
(453) Other exterior surface or tires (specify):

(454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(501) Front bumper
(502) Hood edge
(503) Other front of vehicle (specify):

(504) Hood
(505) Hood ornament
(506) Windshield, roof rail, A-pillar
(507) Side surface
(508) Side mirrors
(509) Other side protrusions (specify):

(510) Rear surface
(511) Undercarriage
(512) Tires and wheels
(513) Other exterior of other motor vehicle (specify):

(514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(551) Ground
(598) Other vehicle or object (specify):

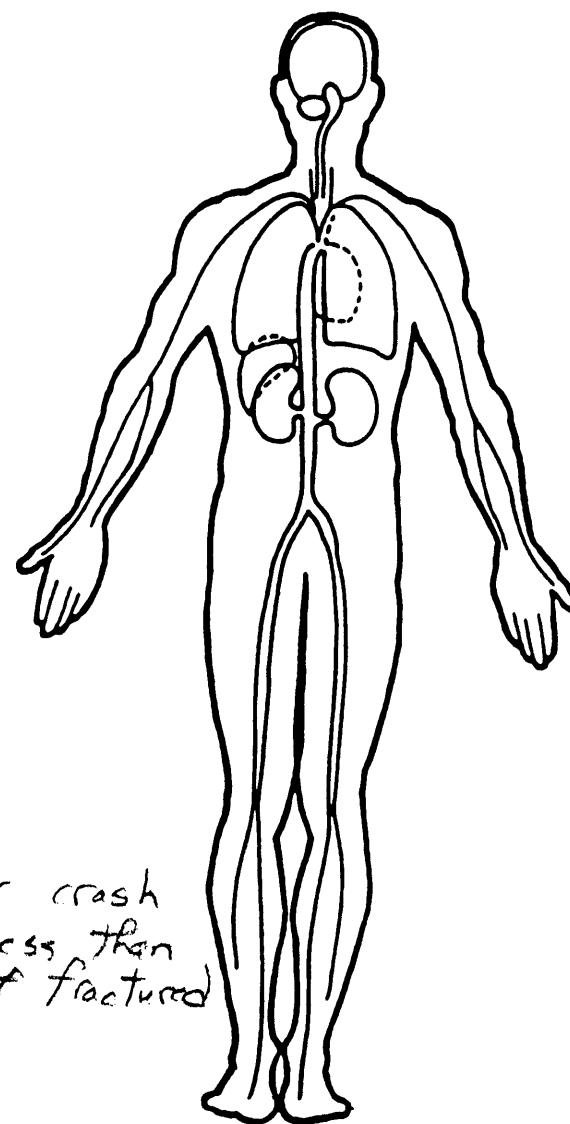
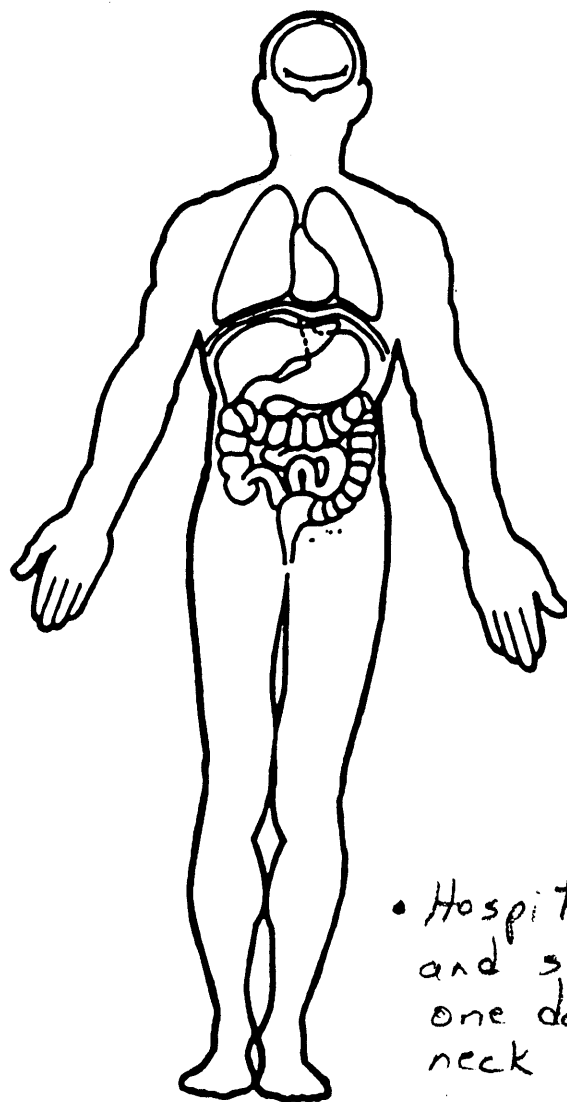
(599) Unknown vehicle or object

NONCONTACT INJURY
(601) Fire in vehicle
(602) Flying glass
(603) Other noncontact injury source (specify):

(604) Air bag exhaust gases
(697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



- Hospitalized after crash and survived for less than one day with Dx of fractured neck

CAUSE OF DEATH

Died as a result of a broken neck (ME)
Fracture of Cervical Spine (RF)

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EK	Radiographic records—taken during the patient's stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

RF Report of Findings

[REDACTED]

96

[REDACTED]

Cause of Death : Fracture of cervical spine

Manner of Death : Accident

Date of Injury : 196

Place of Injury : Road

Location of Injury : [REDACTED] NM

Dictated external performed.

Death Certificate signed by [REDACTED] MD

District Attorney : [REDACTED]

Law Enforcement Agency/Agent: [REDACTED] S. [REDACTED]

Other Agency

For details concerning this death, contact the law enforcement agency listed, records section.

For copies of the Death Certificate, contact the [REDACTED]

Appropriate investigative reports are available from the Medical Investigator, as required by law. Fees are assessed where required. A review of the reports in the [REDACTED] office of the Office of the Medical Investigator is available upon request.

All requests for reports are to be directed to:
Office of the Medical Investigator
[REDACTED]
Health Science Center

AUTOPSY REPORT

OFFICE OF THE MEDICAL INVESTIGATOR

PAGE

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POSTMORTEM EXAMINATION

An external examination is performed on a body identified as [REDACTED] at the Office of the Medical Investigator, State of [REDACTED], on the [REDACTED] 1996 starting at 9:00 a.m.

EXTERNAL EXAMINATION

The body is that of a well developed, well nourished, Caucasian boy, who weighs 54 pounds, is 50 inches in length, and appears compatible with the stated age of 6 years. There is an identification band around the left wrist.

The body is received unclad.

The body is cold to touch. Rigor mortis is fully fixed. Partially fixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is brown and measures to 3 inches in length over the crown. The irides are brown. The pupils are bilaterally equal at 0.5 cm. The cornea are translucent. The sclerae and conjunctivae are unremarkable. The nose and ears are not unusual. The teeth are natural and in good repair. The neck is hypermobile.

The thorax is well developed and symmetrical. The abdomen is slightly protuberant. The anus and back are unremarkable.

The penis is uncircumcised. The testes are bilaterally descended within the scrotum.

The upper and lower extremities are well developed and symmetrical, without absence of digits.

Identifying marks and scars include a faint 1/2 inch linear scar just above the mid-portion of the right eyebrow.

Evidence of medical intervention includes intravenous lines in both antecubital fossa and a Foley catheter in place in the penis.

EVIDENCE OF INJURY

HEAD AND NECK: There is bruising of the lower lip in the midline. On the right side of the face lateral to the right side of the mouth is a 2 x 2 inch irregular abrasion. There is a 3/4 inch x 1/2 inch abrasion of the upper pinna of the right ear and a 3/4 inch x 1/4 inch abrasion overlying the right ear lobe.

There is extensive abrasion of the neck anteriorly and laterally. Across the upper neck extending from just below the mandible and stretching from the mid-lateral neck on the left to the mid-lateral neck on the right is a confluent roughly 2 1/4 inch to 2 1/2 inch wide patterned abrasion. The abrasion is red with some dark red-purple drying. The abrasion tents upwards slightly underneath the ears just below the mandible. The abrasion is sharply delineated over much of its course. In addition, on the right upper

AUTOPSY REPORT

PAGE

2

OFFICE OF THE MEDICAL INVESTIGATOR

School of Medicine

chest overlying the head of the right clavicle is a horizontally oriented 2 1/2 x 1/2 inch abrasion that is separated from the abrasion of the neck by approximately 1 inch. The neck is hypermobile.

THORAX AND ABDOMEN: Other than the abrasion overlying the right clavicle, there are no injuries of the chest or abdomen or back.

UPPER EXTREMITIES: On the right upper arm laterally is a 6 x 4 inch confluent abrasion. On the back of the right upper arm just above and lateral to the right elbow is a 1 inch roughly circular abrasion.

EVIDENCE

The following items are collected and preserved: Blood spot and hair sample.

PATHOLOGIC DIAGNOSES

- I. Blunt trauma of head and neck
 - A. Abrasions of face and right ear
 - B. Patterned abrasion of neck
 - C. Fracture of cervical spine (by medical history)
- II. Abrasion of right upper chest
- III. Abrasion of right arm

OPINION

This 6 year old male, ~~James Earl Ray~~, died as the result of a broken neck sustained when the vehicle in which he was a passenger was struck by another vehicle. He was the right front seat passenger and was apparently restrained. At the time of the accident, there was also history that the air bag deployed. He was hospitalized after the accident and survived for less than a day with a diagnosis of a fractured neck.

At examination there was a wide patterned abrasion across the anterior neck consistent in width with a seat belt. By x-ray there was a fracture of the upper neck.

The manner of death is accident.

~~James Earl Ray~~ M.D.

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT REAR PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9624

3. Vehicle Number

01

4. Occupant Number

03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

02

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

089

Code actual height to the nearest
centimeter.

(999) Unknown

35 inches X 2.54 = 89 centimeters

8. Occupant's Weight

018

Code actual weight to the nearest
kilogram.

(999) Unknown

40 pounds X .4536 = _____ kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection** Ø

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area Ø

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium Ø

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) Ø

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment Ø

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 3

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 14

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 2

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 9

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function Φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use Φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type Φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System Φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident Φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 6

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function Ø

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Vehicle inspection
 [] Official injury data
 [✓] Driver/occupant interview
 [] Other (specify):
 [] Unknown if belt used

30. Frontal Air Bag System Ø

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment Ø

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Ø

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) Ø

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? Ø

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0 0

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +

Delta V For Air Bag

Deployment Impact - 0 0 0

(_ 000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_ 996) Deployment, unknown longitudinal Delta V

(_ 997) Not deployed

(_ 998) Unknown if deployed

(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 0 0

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage Ø Ø
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify): _____
 (03) Object carried by occupant, (specify): _____
 (04) Adaptive/assistive controls, (specify): _____
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify): _____
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? Ø
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps): _____
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? Ø
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): _____
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? Ø
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? Ø
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

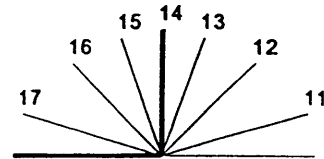
49. Head Restraint Type/Damage by Occupant at This Occupant Position 9
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____
 (9) Unknown
50. Seat Type (this Occupant Position) 9 9
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): _____
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat *Per interviewee*
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track Per interviewee
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

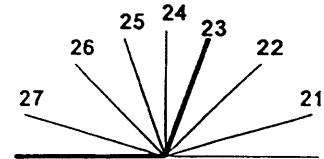
- (00) Occupant not seated or no seat
 (01) Not adjustable

*Upright prior to impact**per interviewee*

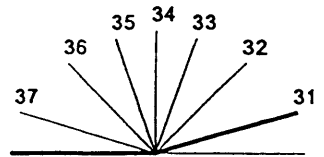
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

998

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing "Graco"

(950) Built-in child safety seat

(997) Other make/model (specify): modelunk

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

2

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

12

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage

12

59. Child Safety Seat Shield Usage

12

60. Child Safety Seat Tether Usage

03

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay Ø Ø

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 24 hours, 2 days = 48, ... n days = 24 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 02

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3
(0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9624</u>	4. Occupant Number	<u>03</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>8</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>99</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

.I.S. · 90

No.	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
				Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	
SOURCE OF INJURY DATA			
INJURY SOURCE		DIRECT/INDIRECT INJURY	
CONFIDENCE LEVEL			
<u>OFFICIAL RECORDS</u>			
(1) Autopsy records with or without hospital/medical records		(1) Direct contact injury	
(2) Hospital/medical records other than emergency room (e.g., discharge summary)		(2) Indirect contact injury	
(3) Emergency room records only (including associated X-rays or other lab reports)		(3) Noncontact injury	
(4) Private physician, walk-in or emergency clinic		(7) Injured, unknown source	
<u>UNOFFICIAL RECORDS</u>			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify): _____			
(9) Police			

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

Page 3

Strapped in backseat (ED)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

— No
☒ Yes

(ED)

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

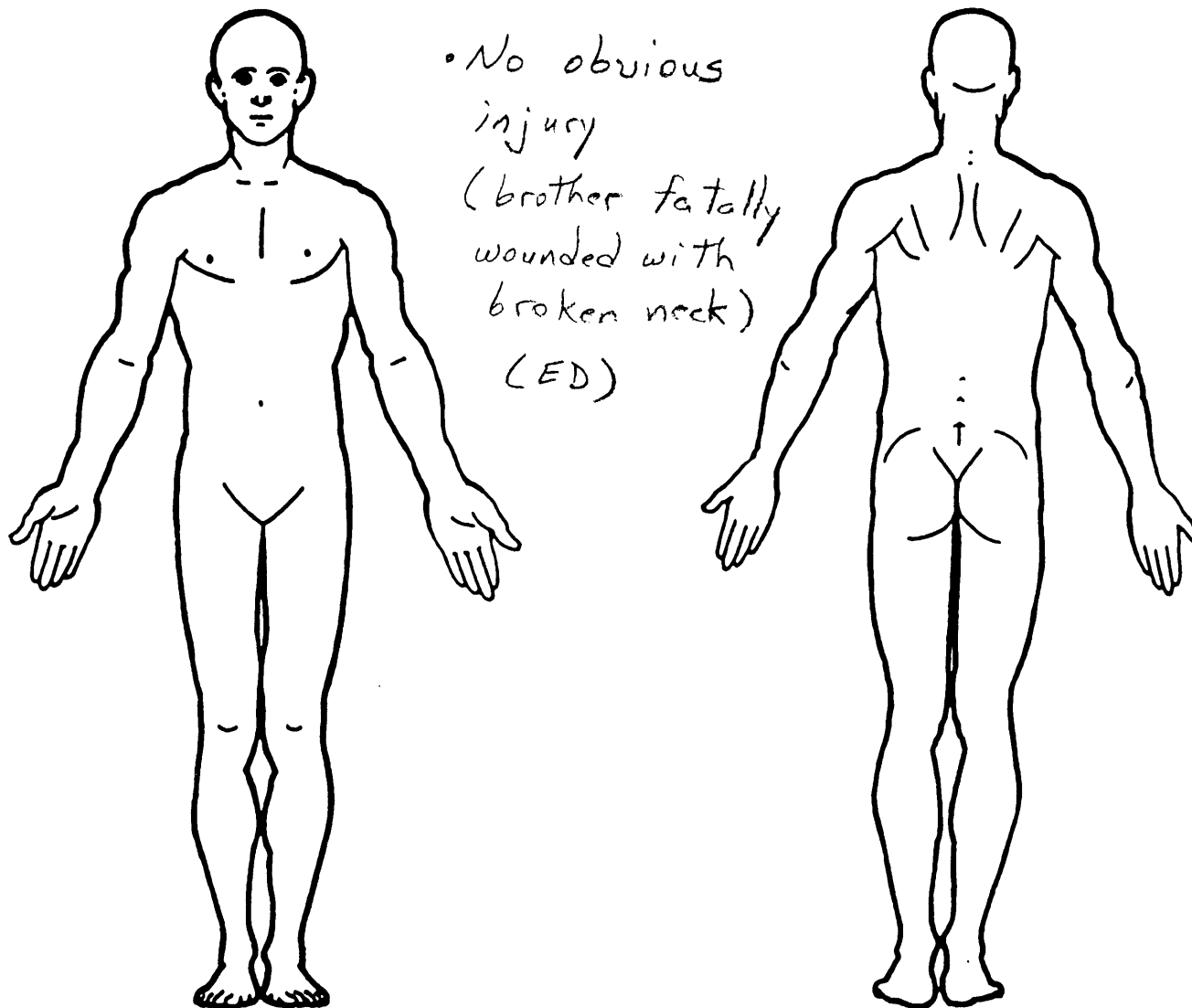
GCSS = ____

Units of Blood
Given

Units = ____

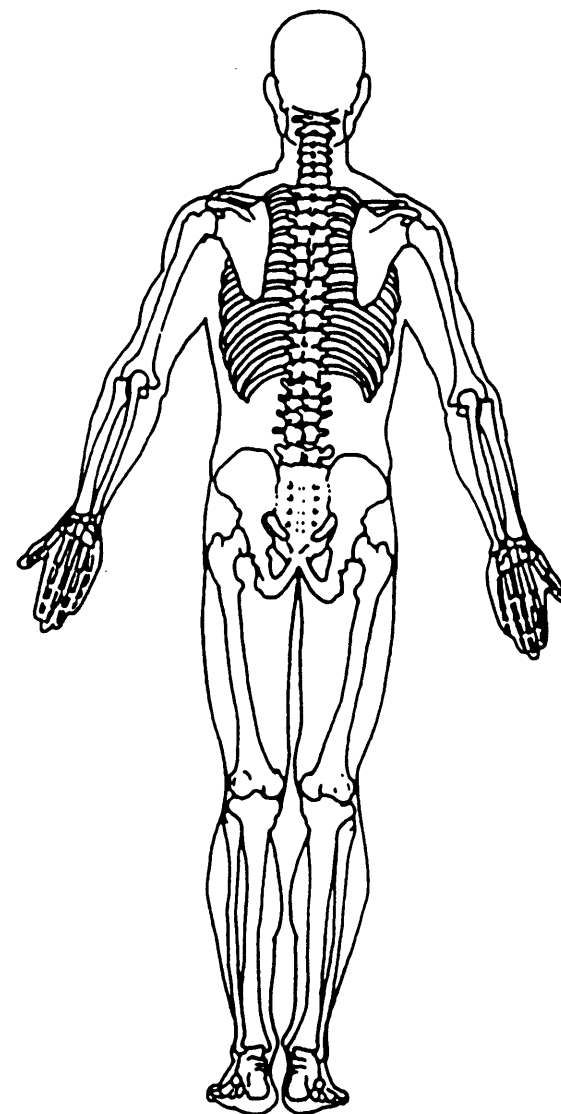
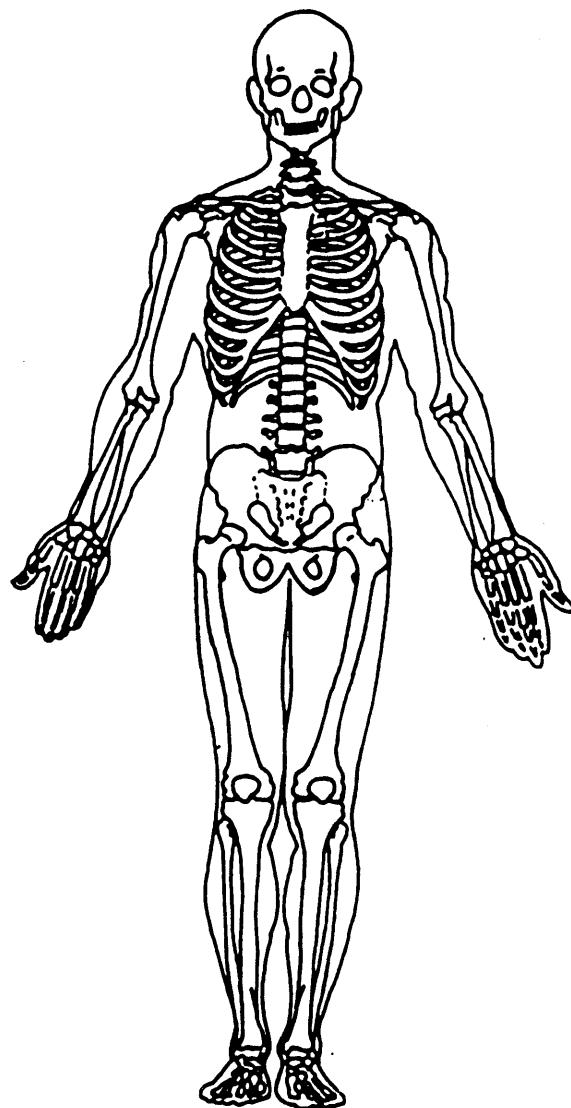
Arterial Blood Gases

pH = ____

PO₂ = ____PCO₂ = ____HCO₃ = ____

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object (specify):

 (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):

 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):

 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):

 (155) Head restraint system
 (160) Other occupants (specify):

 (161) Interior loose objects
 (162) Child safety seat (specify):

 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (171) Air bag-driver side and eyewear
 (172) Air bag-driver side and jewelry
 (173) Air bag-driver side and object held
 (174) Air bag-driver side and object in mouth
 (175) Air bag compartment cover-driver side
 (176) Air bag compartment cover-driver side and eyewear
 (177) Air bag compartment cover-driver side and jewelry
 (178) Air bag compartment cover-driver side and object held
 (179) Air bag compartment cover-driver side and object in mouth
 (180) Air bag-passenger side
 (181) Air bag-passenger side and eyewear
 (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
 (184) Air bag-passenger side and object in mouth
 (185) Air bag compartment cover-passenger side
 (186) Air bag compartment cover-passenger side and eyewear
 (187) Air bag compartment cover-passenger side and jewelry
 (188) Air bag compartment cover-passenger side and object held
 (189) Air bag compartment cover-passenger side and object in mouth
 (190) Other air bag (specify)

 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):

 (409) Additional or relocated switches, (specify):

 (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
 (452) Outside hardware (e.g., outside mirror, antenna)
 (453) Other exterior surface or tires (specify):

(454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
 (502) Hood edge
 (503) Other front of vehicle (specify):

 (504) Hood
 (505) Hood ornament
 (506) Windshield, roof rail, A-pillar
 (507) Side surface
 (508) Side mirrors
 (509) Other side protrusions (specify):

 (510) Rear surface
 (511) Undercarriage
 (512) Tires and wheels
 (513) Other exterior of other motor vehicle (specify):

 (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
 (598) Other vehicle or object (specify):

 (599) Unknown vehicle or object

NONCONTACT INJURY

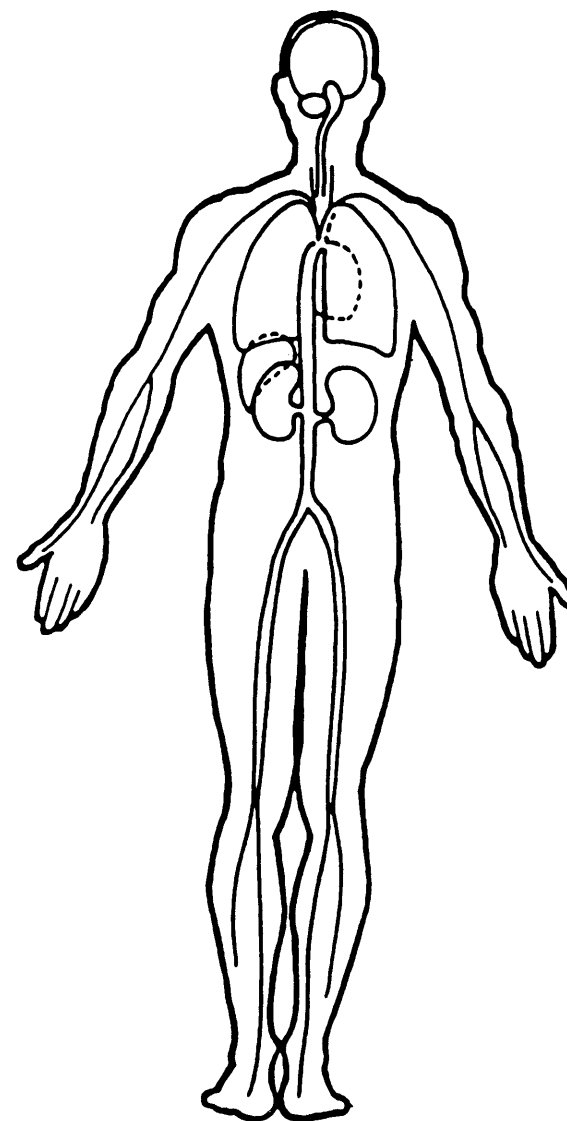
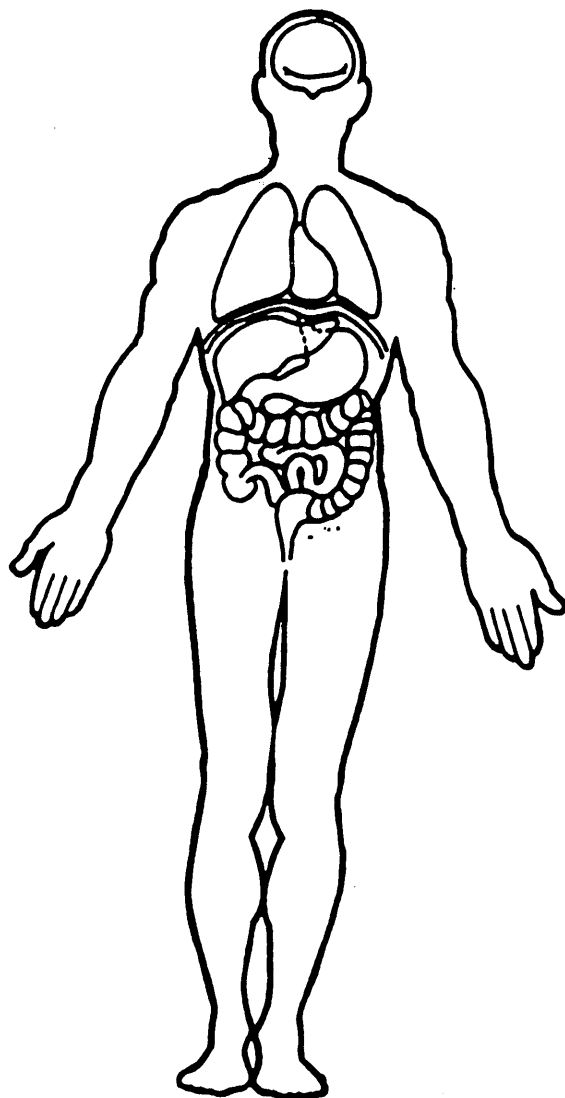
- (601) Fire in vehicle
 (602) Flying glass
 (603) Other noncontact injury source (specify):

 (604) Air bag exhaust gases
 (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Crying, MAE (EN)



CAUSE OF DEATH

ICD-9-CM

V 71.8 Held for observation for other condition

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

THIS AREA MAY BE USED FOR CUSTOM INFORMATION

ACCOUNT NO. [REDACTED]		ADMISSION DATE [REDACTED] / 96		MEDICAL RECORD NO. [REDACTED]	
ROOM / BED [REDACTED]		ADMISSION TIME 1827		FINANCIAL CLASS U	
TYPE REG		LOCATION / SERVICE ERM		SOCIAL SECURITY NO. [REDACTED]	
PATIENT			PATIENT		
NAME [REDACTED]			DATE OF BIRTH [REDACTED] / 94		
STREET [REDACTED]			AGE 2Y		
CITY / STATE / ZIP [REDACTED]			SEX F		
HOME PHONE [REDACTED]			RACE CA		
COUNTY [REDACTED] COUNTY			RELIGION NO		
			MAR. STS. SINGLE		
PATIENT EMPLOYER			PERSON TO NOTIFY		
NAME [REDACTED]			NAME [REDACTED]		
STREET [REDACTED]			STREET [REDACTED]		
CITY / STATE / ZIP [REDACTED]			CITY / STATE / ZIP [REDACTED]		
PHONE [REDACTED]			PHONE [REDACTED] RELATIONSHIP [REDACTED]		
GUARANTOR			NEXT OF KIN		
NAME [REDACTED]			NAME [REDACTED]		
STREET [REDACTED]			STREET [REDACTED]		
CITY / STATE / ZIP [REDACTED]			CITY / STATE / ZIP [REDACTED] 87830		
PHONE [REDACTED] SOCIAL SEC. NO. 000-00-0000			PHONE [REDACTED] RELATIONSHIP GM		
GUARANTOR EMPLOYER			ACCIDENT DATE [REDACTED] / 96 TIME 1700		
NAME [REDACTED] INC			ARRIVAL MODE AM		
STREET [REDACTED]			PHYSICIAN 1 [REDACTED], M.D.		
CITY / STATE / ZIP [REDACTED] IM [REDACTED]			PHYSICIAN 2 [REDACTED]		
PHONE [REDACTED]					
INSURANCE [REDACTED]		POLICY NUMBER [REDACTED]		COVERAGE NO. [REDACTED] SUBSCRIBER [REDACTED]	
ACCIDENT ACCIDENT, AUTO					
COMMENT					
REASON FOR VISIT V718 ES12.1					
USER MONT. SAR					

TITLE AREA

Section A: Assessment Data

Patient Name: [REDACTED]	Age: DASA 2	SEX: F	Triage Time:	Triage Class: <input type="checkbox"/> 1. Emergent <input type="checkbox"/> 2. Urgent <input checked="" type="checkbox"/> Non-Urgent	Private Physician [REDACTED]
Mode: <input type="checkbox"/> private car <input checked="" type="checkbox"/> ambulance	Allergies: <input checked="" type="checkbox"/> none		Ht. / Wt.:	Immunization status:	LMP date: <input type="checkbox"/> normal
Chief Complaint/Mechanism of Injury: Back seat in car seat			Medical History/Chronic Conditions: <input type="checkbox"/> none		
Treatment prior to arrival: 0			Current Medications: <input type="checkbox"/> none		
Objective:					
P-120 Rayvin			Triage Nurse: [REDACTED]		

Section C: Implementation

Time	ER bed location	Nurses signature(s)	(see section B: planning/evaluation on next page)
	A	[Redacted]	
	Arrived via	NURSES NOTES	PHYSICIAN'S NOTES/ORDERS
1825	Strapped via GEMS (back) Vally pronon Mother crying MAF with skin pink warm dry PPP	J.P.Y.	in MV! Strapped - back seat obvious injury no abrasion injury brother totally wounded with broken neck
2040	Discharged home	[Redacted]	
	WNL Skin pink warm dry		

PATIENT IDENTIFICATION:

DISCHARGE IMPRESSION

4/11/77

PHYSICIAN SIGNATURE

Dictated note

**REPORT FROM
CRASH RECONSTRUCTION FIRM
HIRED BY
CASE VEHICLE'S INSURANCE COMPANY**

[REDACTED] & Associates

Forensic Consultants / Accident Reconstruction [REDACTED]

[REDACTED], 1996

[REDACTED]
[REDACTED] Insurance
[REDACTED]
[REDACTED]

Re: [REDACTED]
[REDACTED]

Dear [REDACTED]

Pursuant to your request, we have investigated an accident that occurred on [REDACTED], 1996 involving a 1996 Plymouth Neon driven by [REDACTED] and a 1977 Ford F100 pickup driven by [REDACTED]. The accident occurred on [REDACTED] west of [REDACTED], NM. near milepost [REDACTED]. At the time of the accident [REDACTED] was traveling west with her six year old son, [REDACTED], in the front passenger seat and two year old daughter, [REDACTED], in the left rear passenger seat. [REDACTED] and [REDACTED] were both restrained by Type 2, 3-point seatbelts (lap belt with integral torso restraint) at the time of the accident. [REDACTED] was traveling east with two other passengers in the front seat of the pickup.

The accident occurred at approximately 5:30 p.m. when the pickup truck driven by [REDACTED] was traveling in the westbound lane into oncoming traffic in an erratic manner. [REDACTED] traveling in the westbound lane, attempted to brake and swerve right to avoid collision with the pickup encroaching on her lane of travel. The pickup left approximately 124 feet of tire marks and [REDACTED] left approximately 115 feet of skid marks (similar to skip-skid) before the collision. At the time of the collision, the pickup was in the process of swerving toward the eastbound lane and the Neon was swerving to the right. The collision interaction caused extensive damage to the left front wheel assembly on the Neon and crush damage along the entire driver side of the vehicle. Black rubber transfer was observed extending along the Neon's driver side door and left rear passenger door, consistent with wheel contact. The front windshield was broken and crushed inward along the driver side door near the "A" pillar. A "star" pattern, consistent with the front seat passenger head contact, was also observed. Outward bowing in the center of the star pattern and strands of hair confirmed that head contact had occurred. Both the driver's side and passenger side airbags on the Neon deployed during the accident. The collision also resulted in the rear axle assembly of the pickup being dislodged from underneath the vehicle and coming to rest approximately 24 feet to the west of the final rest of the truck. There was extensive damage to the truck on the driver side from the left front bumper to the left rear axle assembly.

In order to pursue this investigation we have reviewed the following materials and have completed the following investigation activities. The materials provided for our review were as follows:

1. [REDACTED] Police report number [REDACTED] prepared by Officer [REDACTED] and released on [REDACTED] 1996,
2. Photographs of both vehicles depicting their respective damages,
3. The autopsy report issued by the [REDACTED] of the Medical Investigator dated [REDACTED] 1996,
4. The post-accident appraisal records for the Plymouth Neon.

The investigation activities completed to date are as follows:

1. We have surveyed the accident scene and have documented the remaining evidence with still photographs and physical measurements. During the scene investigation evidence of oil stains, skid and gouge marks were still present at the scene and were consistent with this accident.
2. We have inspected the damage to the Plymouth Neon including the mechanical damage, the condition of the vehicle interior and front windshield, the deployed airbags, and the condition of the seatbelts (primarily the front passenger seatbelt). It is noteworthy that the Plymouth Neon has been moved to [REDACTED] and is currently in storage under our control.
3. We have researched the technical literature pertaining to the anthropometry of children, seatbelt design and failure analysis, occupant kinematics, and airbag design and failure analysis.
4. We have developed a scaled engineering diagram, which includes the skid marks, gouge marks, and final rest positions of the two vehicles, and have reconstructed the accident to ascertain the pre-impact and post-impact vehicle dynamics and movements.

Based on our investigation completed to date, we have developed the following preliminary opinions:

- A. The cause of this accident was the erratic maneuver of [REDACTED] and her encroaching on [REDACTED]'s lane of travel. Based on the gouge marks and skid marks at the accident scene, first contact between the two vehicles took place in [REDACTED]'s lane of travel with [REDACTED] vehicle fully in the westbound lane but traveling eastbound. At the point of initial contact, the [REDACTED]'s vehicle was partially on the right shoulder attempting to evade contact. Contact damage between the two vehicles indicated that a sideswiping collision took place in the early stages of the interaction until the left front wheel of the Neon interlocked momentarily with the left rear wheel of the Ford pickup. During this interaction, the left front wheel of the Neon was torn from its suspension structure and the rear axle of the pickup was torn from its leaf springs and frame. A significant counter-clockwise spin was induced in the Neon as it traveled to its final rest position off of the road on the north shoulder. The pickup traveled back into the eastbound lane before reaching its final rest position. Preliminary calculations, based on conservation of energy, indicated that both drivers were initially

traveling at speeds consistent with highway speeds (approximately 55 to 60 mph).

B. Review of the medical examiner's report indicated that [REDACTED] injuries were consistent with his being restrained by a seat belt at the time of the collision. Abrasions consistent with seat belt contact were reported in the proximity of his right ear and anterior neck with abrasive contact marks extending from the mid-lateral neck on the right to the mid-lateral neck on the left and below the mandible. Field testing of the passenger seat belt indicated that the shoulder belt restraint mechanism latched with a frequency of once every six or eight tests. Each of the other three shoulder belt mechanisms in the Neon latched every time the field test was performed. As a result of this test, further examination of the passenger seat belt was performed. A summary of this examination is detailed below:

- 1) Field examination of the belt webbing did not reveal apparent plastic transfer to the webbing from the D-ring, diagonal stressing, scuff abrasions, tension overload, or pulled stitches.
- 2) Field examination of the D-ring revealed smeared plastic and fabric impressions consistent with either extended usage wear or heating during a loading event. Since the Neon was new 1996 model year vehicle, the smeared plastic on the D-ring was felt to indicate a probable loading event and was considered consistent with the abrasions observed on [REDACTED] neck.
- 3) The Neon seat belt is equipped with a separate latching mechanism for the lap portion of the belt. While the 3-point seat belt is constructed of a single extended web, which retracts into the shoulder reel, the lap/shoulder latch is provided with an integral sliding mechanism to pinch/restrain the lap belt when the lap belt is loaded. This mechanism provides a means of tightening the lap belt while leaving the shoulder strap free to extend and retract with movement of the passenger torso. This mechanism should also restrain movement of the passenger's hips during a frontal collision. Hence, for the seat belt to fail, a failure of both the shoulder latch reel and the lap latch must occur. Field inspection of the lap latch mechanism indicated that it did not malfunction during field tests. Further, tearing and stretching of the belt webbing in the proximity of this latch was not observed and one area of possible loading consistent with the operation (lockup) of this latch was observed on the belt web.

Since the evidence reviewed to date indicated that [REDACTED] was probably restrained at the time of the collision, and since head impact with the windshield was confirmed (star pattern, outward bowing, hair in fractured glass), the function and position of the seat belts was in question. Based on our inspection presently completed we have concluded that, as a matter of probability, the evidence indicates that [REDACTED] was either sitting or leaning forward in the seat or that the lap belt was loose (improperly worn or even unlatched) at the time of the collision. This conclusion was felt to be indicated by the likely lock up of the lap latch when worn properly and the abrasions underneath [REDACTED] chin (mid-lateral neck from left to right) which probably indicate that [REDACTED] left shoulder/arm was under the belt at the time of the initial deceleration and subsequent collision.

While the function of the shoulder belt latch could not be confirmed at this time, the lack of evidence of significant belt loading (either stretching or abrasion) with the confirming evidence of head/windshield contact, was felt to be indicative of [REDACTED] being out of position (i.e., leaning forward) at the time of the collision. The smeared plastic observed on the D-ring was felt to be consistent with lockup of the belt while it was significantly extended or after full extension. If [REDACTED] was either leaning forward or thrown forward due to the initial deceleration, then the smeared plastic on the D-ring could be consistent with full extension of the belt while he was being projected into the windshield. This conclusion also indicates that the lap belt was either loose, allowing [REDACTED] hips to move forward, or possibly unlatched. It was noted that the latch did not indicate an overloaded condition.

As a matter of probability, it is felt that the medical examiner's report and the injuries he observed indicates that [REDACTED] was probably out of position (i.e., leaning forward with left arm and shoulder possibly under the strap) at the time of the initial deceleration and subsequent collision. Had [REDACTED] been properly positioned at the time of the initial deceleration and subsequent collision, it is felt probable that both the restraint of the lap latch and the deployment of the airbag would have prevented his head contact with the windshield even if the shoulder strap latch mechanism failed to function properly. It is noteworthy that the collision progressed as a sideswipe until tire lockup occurred. Hence, an angular direction of force was probably induced which could have reduced the effectiveness of the should strap latch mechanism. With [REDACTED] forward in the seat (out of position) then his head contact with the windshield is consistent with his forward movement to a position above the dash at the time when the airbag deployed. This positioning and probable movement is felt to lead to a significant thrust into the windshield, with the shoulder strap tight around [REDACTED] neck during the airbag deployment.

These opinions are based on the reconstruction activities that we have completed to date and the understanding that [REDACTED] was restrained at the time of the collision. However, several aspects of the seat belt geometry and [REDACTED] interaction with the belt/airbag system are difficult to explain at this time. Since the inspection of the seat belt shoulder strap did not confirm lockup or high belt loading and since full extension of the belt is considered to be at the limit of that necessary to allow the interaction indicated by the evidence, further investigation would provide additional insight. Additional investigation steps would include testing with an anthropometrically representative model to study the geometry and necessary positioning of the occupant, the inflated airbag, and the seat belt. This testing would help to confirm whether the belt is sufficiently long, fully extended, to allow for the probable orientation with the airbag and windshield in a latched configuration. Further investigation would include disassembly of the seat belt and inspection of the latch mechanism and then removal of the passenger belt from the car to allow detailed inspection of the webbing and plastic parts under high magnification. While these tests and inspection activities would be helpful, based on the investigation and information currently available to us, it is considered unlikely that they would indicate seat belt failure. Rather, they would probably further confirm that [REDACTED] was either improperly positioned or that the belt was improperly worn at the time of this accident.

If you would like us to perform any further investigation or if you need additional clarification on our opinions and conclusions, please don't hesitate to call.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]

Skid energy for the Neon before impact:

$$d_{\text{neon_pre_skid}} := 115.1 \quad \text{Distance the neon skidded before impact, ft.}$$

$$f_{\text{neon_pre_skid}} := 0.65 \quad \text{Drag factor for roadway}$$

$$e_{\text{neon_pre_skid}} := \text{Wgt}_{\text{neon}} \cdot f_{\text{neon_pre_skid}} \cdot d_{\text{neon_pre_skid}}$$

$$e_{\text{neon_pre_skid}} = 219207.9 \quad \text{ft. - lbs.}$$

Skid energy for the Neon after impact on the pavement:

$$d_{\text{neon_skid_pav}} := 12.7 \quad \text{Distance the Neon traveled on the pavement after impact, ft.}$$

$$f_{\text{neon_skid_pav}} := 0.65 \quad \text{Drag factor}$$

$$e_{\text{neon_skid_pav}} := \text{Wgt}_{\text{neon}} \cdot f_{\text{neon_skid_pav}} \cdot d_{\text{neon_skid_pav}}$$

$$e_{\text{neon_skid_pav}} = 24187.1 \quad \text{ft. - lbs.}$$

Skid energy for the Neon after impact on the dirt shoulder:

$$d_{\text{neon_skid_dirt}} := 22.6 \quad \text{Distance the Neon traveled on dirt shoulder after impact, ft.}$$

$$f_{\text{neon_skid_dirt}} := 0.60 \quad \text{Drag factor}$$

$$e_{\text{neon_skid_dirt}} := \text{Wgt}_{\text{neon}} \cdot f_{\text{neon_skid_dirt}} \cdot d_{\text{neon_skid_dirt}}$$

$$e_{\text{neon_skid_dirt}} = 39730.8 \quad \text{ft. - lbs.}$$

$$\text{Post-impact Velocity of Neon: } v_{\text{neon_post}} := \sqrt{\frac{2 \cdot (e_{\text{neon_skid_pav}} + e_{\text{neon_skid_dirt}}) \cdot g}{\text{Wgt}_{\text{neon}}}} \quad \frac{v_{\text{neon_post}}}{1.47} = 25.498$$

Energy to final rest after impact for the truck:

$$d_{\text{truck_after}} := 42.0 \quad \text{Distance the truck traveled after impact, ft.}$$

$$f_{\text{truck_after}} := 0.65 \quad \text{Drag factor - assume full roadway friction even for loss of axle and metal scraping on pavement}$$

$$e_{\text{truck_after}} := \text{Wgt}_{\text{truck}} \cdot f_{\text{truck_after}} \cdot d_{\text{truck_after}}$$

$$e_{\text{truck_after}} = 121157.4 \quad \text{ft. - lbs.}$$

$$\text{Post-impact Velocity of Truck: } v_{\text{truck_post}} := \sqrt{\frac{2 \cdot (e_{\text{truck_after}}) \cdot g}{\text{Wgt}_{\text{truck}}}} \quad \frac{v_{\text{truck_post}}}{1.47} = 28.524$$

6.5.4.2 Preliminary Speed Analysis - Solution Summary: Estimate speed based on conservation of energy first. Then, use a conservation of energy and simultaneous conservation of momentum solution as a check. Calculate Delta-V by Brach and by use of a standard vector analysis.

Given:

$$g := 32.2 \quad \text{gravity}$$

$$Wgt_{\text{neon}} := 2600 + 125 + 55 + 150$$

$$Wgt_{\text{truck}} := 3863 + 125 + 175 + 125 + 150$$

Neon impact speed if going ~55 mph before skidding - Check assumption in later analysis:

$$d_{\text{neon_pre_skid}} := 115.1 \quad \text{Distance the neon skidded before impact, ft.}$$

$$f_{\text{neon_pre_skid}} := 0.65 \quad \text{Estimated drag factor for roadway (asphalt)}$$

$$v_{\text{neon_impact}} := \sqrt{(55 \cdot 1.47)^2 - 2 \cdot f_{\text{neon_pre_skid}} \cdot g \cdot d_{\text{neon_pre_skid}}}$$

$$\frac{v_{\text{neon_impact}}}{1.47} = 28.2 \quad \text{Impact speed, mph}$$

Truck impact speed if going ~55 mph before impact - Check assumption in later analysis:

$$d_{\text{truck_pre}} := 123.5 \quad \text{Distance the truck skidded before impact, ft.}$$

$$f_{\text{truck_pre}} := 0.65 \quad \text{Estimated drag factor for truck (asphalt roadway - estimate braking rather than yaw deceleration)}$$

$$v_{\text{truck_pre}} := \sqrt{(55 \cdot 1.47)^2 - 2 \cdot f_{\text{truck_pre}} \cdot g \cdot d_{\text{truck_pre}}}$$

$$\frac{v_{\text{truck_pre}}}{1.47} = 25.2 \quad \text{Impact speed, mph}$$

Speed Analysis:

$$v_{\text{neon_crush}} := 35 \quad \text{mph: Estimated crush equivalent impact speed:}$$

$$e_{\text{neon_crush}} := \frac{1}{2} \cdot \frac{Wgt_{\text{neon}}}{g} \cdot v_{\text{neon_crush}}^2 \quad e_{\text{neon_crush}} = 55733.7 \quad \text{ft. - lbs.}$$

Equivalent crush energy for truck based on Limpert's formulation and equivalence:

$$e_{\text{truck_crush}} := \frac{Wgt_{\text{neon}}}{Wgt_{\text{truck}}} \cdot e_{\text{neon_crush}} \quad e_{\text{truck_crush}} = 36795.8 \quad \text{ft. - lbs.}$$

$$\Delta V_{\text{neon_brach}} := \Delta T \cdot \frac{\frac{1}{2} \left[\left(\frac{\text{Wgt}_{\text{neon}}}{g} \cdot v_{\text{neon_impact}} \right)^2 + \left(\frac{\text{Wgt}_{\text{truck}}}{g} \cdot v_{\text{truck_impact}} \right)^2 \right]^{\frac{1}{2}}}{\left(\frac{\text{Wgt}_{\text{neon}}}{g} \right)}$$

$$\frac{\Delta V_{\text{neon_brach}}}{1.47} = 35.9 \quad \text{mph}$$

Simultaneous solution of Conservation of Energy and Conservation of Momentum

$$\begin{aligned} \text{Wgt}_t &:= \text{Wgt}_{\text{truck}} & M_t &:= \frac{\text{Wgt}_t}{32.2} & \text{Truck} \\ \text{Wgt}_b &:= \text{Wgt}_{\text{neon}} & M_b &:= \frac{\text{Wgt}_b}{32.2} & \text{Burns Vehicle} \end{aligned}$$

Pre-Impact (Approach) Angles:

$$\begin{aligned} a &:= \left(\frac{\pi}{180} \right) \cdot 0 & b &:= \left(\frac{\pi}{180} \right) \cdot 170 \\ & & b &= 2.967 \text{ radians} \end{aligned}$$

$$E_t := e_{\text{truck_crush}} \quad E_b := e_{\text{neon_crush}}$$

$$\begin{aligned} V_{bp} &:= v_{\text{neon_post}} & \alpha &:= \left(\frac{\pi}{180} \right) \cdot 33 & V_{bpx} &:= V_{bp} \cdot \cos(\alpha) & V_{bpx} &= 31.435 \\ & & & & V_{bpy} &:= V_{bp} \cdot \sin(\alpha) & V_{bpy} &= 20.414 & \sqrt{V_{bpx}^2 + V_{bpy}^2} &= 37.482 \\ V_{tp} &:= v_{\text{truck_post}} & \beta &:= \left(\frac{\pi}{180} \right) \cdot 194 & V_{tpx} &:= V_{tp} \cdot \cos(\beta) & V_{tpx} &= -40.684 \\ & & & & V_{tpy} &:= V_{tp} \cdot \sin(\beta) & V_{tpy} &= -10.144 & \sqrt{V_{tpx}^2 + V_{tpy}^2} &= 41.93 \end{aligned}$$

Initial Solve Block Conditions - Starting point for iteration

$$V_t := 50 \quad V_b := 50$$

GIVEN

$$\frac{1}{2} \cdot M_t \cdot V_t^2 + \frac{1}{2} \cdot M_b \cdot V_b^2 = \frac{1}{2} \cdot M_t \cdot V_{tp}^2 + \frac{1}{2} \cdot M_b \cdot V_{bp}^2 + E_t + E_b$$

$$M_t \cdot V_t \cdot \cos(b) + M_b \cdot V_b \cdot \cos(a) = M_t \cdot V_{tpx} + M_b \cdot V_{bpx}$$

$$M_t \cdot V_t \cdot \sin(b) + M_b \cdot V_b \cdot \sin(a) = M_t \cdot V_{tpy} + M_b \cdot V_{bpy}$$

$$\begin{bmatrix} V_t \\ V_b \\ b \end{bmatrix} := \text{Find}(V_t, V_b, b) \quad \begin{bmatrix} V_t \\ V_b \\ b \end{bmatrix} = \begin{bmatrix} 50.875 \\ 46.704 \\ 3.076 \end{bmatrix} \quad \frac{V_b}{1.47} = 31.772 \quad \frac{V_t}{1.47} = 34.609$$

Find: Impact Speed of Truck, Impact Speed of Neon, Pre-Impact Heading Angle of Truck

Skid energy of the truck before impact:

$$d_{\text{truck_pre}} := 123.5 \quad \text{Distance the truck skidded before impact, ft.}$$

$$f_{\text{truck_pre}} := 0.65 \quad \text{Drag fractor}$$

$$e_{\text{truck_pre}} := Wgt_{\text{truck}} \cdot f_{\text{truck_pre}} \cdot d_{\text{truck_pre}}$$

$$e_{\text{truck_pre}} = 356260.5 \quad \text{ft. - lbs.}$$

Assume Neon is going 55 mph before skidding (check assumption in later analysis:

$$e_{\text{neon_55}} := \frac{1}{2} \cdot \frac{Wgt_{\text{neon}}}{g} \cdot (55 \cdot 1.47)^2$$

$$e_{\text{neon_55}} = 297400.6 \quad \text{Pre-skidding energy at 55 mph, ft. - lbs.}$$

Speed estimate for the truck before skidding - Conservation of Energy:

$$E_{\text{neon_post}} := e_{\text{neon_crush}} + e_{\text{neon_pre_skid}} + e_{\text{neon_skid_pav}} + e_{\text{neon_skid_dirt}}$$

$$E_{\text{truck_post}} := e_{\text{truck_crush}} + e_{\text{truck_pre}} + e_{\text{truck_after}}$$

$$V_{\text{truck_pre}} := 60$$

GIVEN

$$e_{\text{neon_55}} + \frac{1}{2} \cdot \frac{Wgt_{\text{truck}}}{g} \cdot V_{\text{truck_pre}}^2 = E_{\text{neon_post}} + E_{\text{truck_post}}$$

$$V_{\text{truck_pre}} := \text{Find}(V_{\text{truck_pre}}) \quad \frac{V_{\text{truck_pre}}}{1.47} = 61.1 \text{ mph}$$

$$v_{\text{truck_impact}} := \sqrt{V_{\text{truck_pre}}^2 - 2 \cdot d_{\text{truck_pre}} \cdot f_{\text{truck_pre}} \cdot g} \quad \frac{v_{\text{truck_impact}}}{1.47} = 36.594 \text{ mph}$$

Brach Delta-V Analysis:

$$T_L := e_{\text{neon_crush}} + e_{\text{truck_crush}}$$

$$T_{\text{ini}} := \frac{1}{2} \cdot \frac{Wgt_{\text{truck}}}{g} \cdot v_{\text{truck_impact}}^2 + \frac{1}{2} \cdot \frac{Wgt_{\text{neon}}}{g} \cdot v_{\text{neon_impact}}^2 \quad T_{\text{ini}} = 277604.8 \quad \text{ft. - lbs.}$$

$$\Delta T := \frac{T_L}{T_{\text{ini}}}$$

$$V_{tx} := V_t \cdot \cos(b) \quad V_{tx} = -50.765 \quad V_{ty} := V_t \cdot \sin(b) \quad V_{ty} = 3.334$$

$$\Delta V_b := \sqrt{V_b^2 - \sqrt{V_{bpx}^2 + V_{bpy}^2}} \quad \frac{\Delta V_b}{1.47} = 31.497 \quad \text{Neon Delta-V}$$

$$d_{b_skid} := 115.1 \quad V_{b_pre_skid} := \sqrt{V_b^2 + 2 \cdot d_{b_skid} \cdot 32.2 \cdot 0.65} \quad \frac{V_{b_pre_skid}}{1.47} = 56.913 \quad \text{mph: Neon Initial}$$

$$\Delta V_t := \sqrt{V_t^2 - \sqrt{V_{tpx}^2 + V_{tpy}^2}} \quad \frac{\Delta V_t}{1.47} = 34.327 \quad \text{Truck Delta-V}$$

$$d_{t_skid} := 123 \quad V_{t_pre_skid} := \sqrt{V_t^2 + 2 \cdot d_{t_skid} \cdot 32.2 \cdot 0.65} \quad \frac{V_{t_pre_skid}}{1.47} = 59.837 \quad \text{mph: Truck Initial}$$

[REDACTED]

Forensic Consultants / Accident Reconstruction [REDACTED]

[REDACTED] 1996

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Dear [REDACTED]

Enclosed are the survey notes and additional materials from our investigation and reconstruction of the [REDACTED] vehicle accident. I apologize for the delay in sending these item to you.

Please do not hesitate to call if you have any questions.

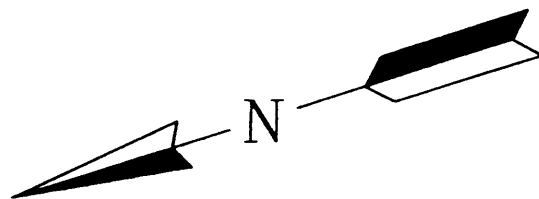
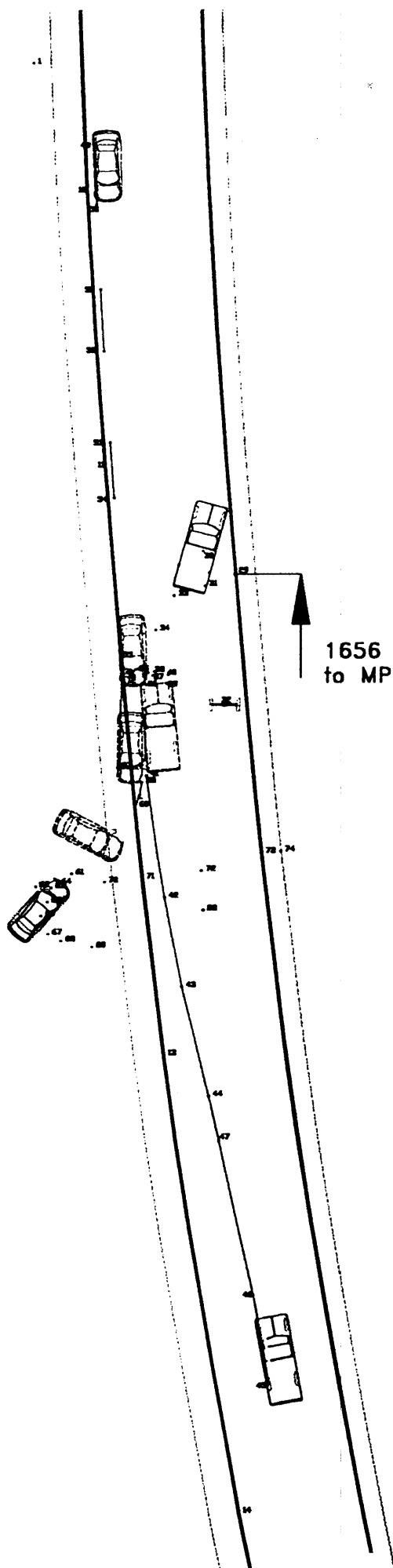
Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
nf
encl

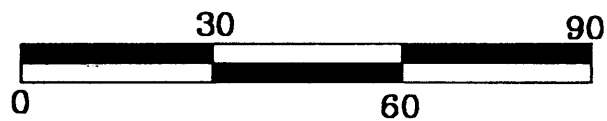
Survey Field Notes for

~~State of Oregon Department of Transportation~~

<u>Point #</u>	<u>Summary of Notes:</u>
1	location of instrument
2	backsite location (edge of roadway)
3	whiteline
4	yellowline
5	whiteline
6	edge of roadway
7 - 20	whiteline
21	edge
22	yellowline
23	whiteline
24	edge
25 - 27	centerline
28	end of double yellowline
29	oil mark
30	end of oil mark
31	center of oil mark
32	fluid mark
33 - 36	gouge
37 - 38	gouge
39 - 40	gouge
41 - 47	tire skid mark
48	gouge "possible bumper chop"
49 - 50	skid mark
51 - 52	skid mark
53 - 54	skid mark
55 - 56	skid mark
57	skid mark on whiteline
58	skid mark
59	skid & chop mark
60	skid mark on whiteline
61 - 62	tire mark in dirt
63	fluid mark
64 - 69	tire mark
70	edge of roadway
71	whiteline
72	yellowline
73	whiteline
74	edge of roadway



SCALE : 1 INCH = 30 FEET



	Station	Northing	Easting	Elevation
SC 1		5000.0000	5000.0000	1000.0000

Pnum	H.Angle	S.Dist	V.Angle	HT
-----	-----	-----	-----	---
Northing	Easting	Elevation	Code	
-----	-----	-----	-----	
SS 2	5398.9092	5000.0000	1021.9921	NA
				0.0000

	Station	Pnum	HI	BS Stn	BS Azim	Code
ST	1	1	0.0000	2	0.0000	CP

Pnum	H.Angle	S.Dist	V.Angle	HT
Northing	Basting	Elevation	Code	
SS 3	1.0420	399.7350	86.4930	0.0000
SS 4	2.4030	401.8000	86.5210	0.0000
SS 5	4.2410	404.3050	86.5640	0.0000
SS 6	5.0540	405.0800	87.0110	0.0000
SS 7	2.4020	156.7900	86.1510	0.0000
SS 8	5.2740	81.1200	85.2240	0.0000
SS 9	29.2650	18.6700	79.4740	0.0000
SS 10	157.1030	27.4950	87.3650	0.0000
SS 11	169.5510	81.7050	91.1320	0.0000
SS 12	171.3950	124.7350	91.4330	0.0000
SS 13	172.2430	199.5650	92.0750	0.0000
SS 14	171.4940	292.5000	92.1950	0.0000
SS 15	170.4930	391.0650	92.2220	0.0000
SS 16	169.3950	486.8300	92.2110	0.0000
SS 17	168.1020	595.9100	92.1730	0.0000
SS 18	166.2150	728.7950	92.1240	0.0000
SS 19	165.0610	838.2250	92.0900	0.0000
SS 20	163.5740	956.2350	92.0410	0.0000
SS 21	164.1920	957.0400	92.0450	0.0000
SS 22	163.1350	954.1150	92.0450	0.0000
SS 23	162.3250	952.1050	92.0540	0.0000
SS 24	162.1500	951.2750	92.0700	0.0000
SS 25	163.1820	944.9400	92.0500	0.0000
SS 26	163.4020	904.7800	92.0650	0.0000
SS 27	163.4700	892.3200	92.0720	0.0000
SS 28	168.3440	172.3550	92.1320	0.0000
SS 29	158.2830	109.6550	92.1420	0.0000

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SS 30	4898.0705	5040.2025	995.7162	NA	0.0000
	160.4700	103.0550	92.0150	NA	0.0000
SS 31	4902.7483	5033.8984	996.3485	NA	0.0000
	161.4630	109.7150	92.0350	NA	0.0000
SS 32	4895.8564	5034.2910	996.0487	NA	0.0000
	163.0610	133.7500	92.1250	NA	0.0000
SS 33	4872.1198	5038.8462	994.8332	NA	0.0000
	165.0710	109.8350	91.5240	NA	0.0000
SS 34	4893.9055	5028.1910	996.4010	NA	0.0000
	167.4620	115.6800	91.5140	NA	0.0000
SS 35	4887.0040	5024.4879	996.2431	NA	0.0000
	169.1720	123.6950	91.5100	NA	0.0000
SS 36	4878.5235	5022.9776	996.0068	NA	0.0000
	169.3940	125.9350	91.5200	NA	0.0000
SS 37	4876.1755	5022.5896	995.8978	NA	0.0000
	168.5340	124.3900	91.5200	NA	0.0000
SS 38	4878.0041	5023.9469	995.9482	NA	0.0000
	168.4220	123.6400	91.5200	NA	0.0000
SS 39	4878.8188	5024.2022	995.9726	NA	0.0000
	167.4710	126.5600	91.5650	NA	0.0000
SS 40	4876.3762	5026.7598	995.6996	NA	0.0000
	167.2950	124.8900	91.5650	NA	0.0000
SS 41	4878.1421	5027.0214	995.7564	NA	0.0000
	170.5450	143.8700	91.5440	NA	0.0000
SS 42	4858.0143	5022.7071	995.2021	NA	0.0000
	170.5820	168.4800	92.0400	NA	0.0000
SS 43	4833.7153	5026.4196	993.9242	NA	0.0000
	170.4630	186.6400	92.1030	NA	0.0000
SS 44	4815.9066	5029.8991	992.9167	NA	0.0000
	170.1610	209.1250	92.1800	NA	0.0000
SS 45	4794.0496	5035.3168	991.6074	NA	0.0000
	169.4820	268.1150	92.2640	NA	0.0000
SS 46	4736.3579	5047.4103	988.5647	NA	0.0000
	169.4730	249.8050	92.2430	NA	0.0000
SS 47	4754.3666	5044.2333	989.5030	NA	0.0000
	170.0810	218.2600	92.1920	NA	0.0000
SS 48	4785.1430	5037.3590	991.1563	NA	0.0000
	171.4250	147.8650	91.5500	NA	0.0000
SS 49	4853.7605	5021.2978	995.0545	NA	0.0000
	143.4040	20.2300	85.4500	NA	0.0000
SS 50	4983.7455	5011.9498	1001.4992	NA	0.0000
	156.1040	30.9500	88.2510	NA	0.0000
SS 51	4971.6976	5012.4960	1000.8537	NA	0.0000
	163.3500	47.0800	90.0110	NA	0.0000
SS 52	4954.8394	5013.3058	999.9840	NA	0.0000
	166.1930	59.2250	90.3850	NA	0.0000
SS 53	4942.4576	5014.0007	999.3310	NA	0.0000
	168.3440	77.2150	91.1030	NA	0.0000
SS 54	4924.3302	5015.2883	998.4166	NA	0.0000
	169.2810	88.2300	91.2220	NA	0.0000
SS 55	4913.2809	5016.1203	997.8871	NA	0.0000
	171.2120	118.5300	91.4110	NA	0.0000
SS 56	4882.8672	5017.8076	996.5124	NA	0.0000
	171.4620	123.6450	91.4310	NA	0.0000
SS 57	4877.6828	5017.6867	996.2900	NA	0.0000
	173.0510	141.5750	91.4910	NA	0.0000
SS 58	4859.5254	5017.0339	995.5050	NA	0.0000
	171.2210	145.1200	91.5500	NA	0.0000
SS 59	4856.6035	5021.7649	995.1463	NA	0.0000
	171.4300	147.9400	91.5500	NA	0.0000
SS 60	4853.6853	5021.3015	995.0520	NA	0.0000
	172.0840	149.6750	91.5410	NA	0.0000
SS 61	4851.8113	5020.4457	995.0302	NA	0.0000
	177.1410	161.9650	92.1100	NA	0.0000
SS 62	4838.3409	5007.8043	993.8296	NA	0.0000
	179.4620	164.3950	92.3720	NA	0.0000
SS 63	4835.7784	5000.6529	992.4789	NA	0.0000
	178.4130	164.6250	92.2920	NA	0.0000
SS 64	4835.5732	5003.7553	992.8511	NA	0.0000
	178.1450	163.8050	92.2410	NA	0.0000
SS 65	4836.4156	5005.0059	993.1326	NA	0.0000
	178.5810	167.5050	92.3330	NA	0.0000
SS 66	4832.6890	5003.0097	992.5232	NA	0.0000
	179.2500	170.2250	92.3900	NA	0.0000
SS 67	4829.9659	5001.7312	992.1297	NA	0.0000
	178.5820	173.9000	92.3520	NA	0.0000
	4826.3054	5003.1161	992.1451	NA	

JOB : ~~XXXXXXXXXXXXXXXXXXXX~~ DATE : ~~XXXX~~/1996 PAGE : 3

SS 68	4824.9320	178.0730	5005.7311	175.3250	992.4374	92.2820	NA	0.0000
SS 69	4823.6880	176.0910	5011.8566	176.8350	993.3573	92.0910	NA	0.0000
SS 70	4836.7150	174.5830	5014.3574	164.0100	994.4192	91.5700	NA	0.0000
SS 71	4837.5045	172.1850	5021.9301	164.0650	994.3776	91.5750	NA	0.0000
SS 72	4839.0564	168.0850	5033.7776	164.5700	993.7144	92.1120	NA	0.0000
SS 73	4842.6440	163.4830	5045.6913	164.0000	993.1165	92.2420	NA	0.0000
SS 74	4842.8844	162.2940	5049.5551	164.9100	992.6310	92.3340	NA	0.0000

AIR BAG ACCIDENT LEVEL FORM
[Blank(s) equal Unknown]

Log Number		I	N	9	6	2	4
Location:	<div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div>						
Accident State	<u>N</u> <u>M</u>						
(AR) Arkansas	(KS) Kansas	(MO) Missouri					
(IL) Illinois	(LA) Louisiana	(NE) Nebraska		(OK) Oklahoma			
(IN) Indiana	(MI) Michigan	(NM) New Mexico		(TX) Texas			
(IA) Iowa	(MN) Minnesota	(OH) Ohio		(WI) Wisconsin			
Accident Date	Month	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>					
(01) January	(05) May	(09) September					
(02) February	(06) June	(10) October					
(03) March	(07) July	(11) November					
(04) April	(08) August	(12) December					
	Day of Month	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>					
	Year	<u>9</u> <u>6</u>					
Investigating Team:	<u>I. U. Transportation Research Center</u>					<u>1</u> <u>0</u>	
Fleet Vehicle						<u>2</u>	
(1) '73 Chevrolet, Volvo, or '72 Mercury							
(2) No Fleet (i.e., private vehicle)							
(3) Insurance Fleet							
(4) GSA Fleet							
(5) Police Fleet							
(6) Other Corporate Private Fleet							
Did Air Bag Car Require Towing Due to Damage?						<u>1</u>	
(1) Yes							
(2) No							
Did Air Bag Deploy?						<u>1</u>	
(1) Yes							
(2) No							
(3) Inadvertent							
Vehicle Model Year:	<u>1996</u>					<u>9</u> <u>6</u>	
Vehicle Make*:	<u>PLYMOUTH</u>					<u>0</u> <u>9</u>	
Vehicle Model*:	<u>NEON</u>					<u>0</u> <u>2</u> <u>0</u>	

* Use NASS CDS Make/Model Codes

Air Bag Accident Level Form -- Continued

Collision Deformation Classification (Rank by Severity)	Event Number (for Case Vehicle)	Deployment (Y) Yes (N) No
1st <u>12 - F L A E - 9</u>	<u>1</u>	<u>Y</u>
2nd <u> - - - - </u>	<u> </u>	<u> </u>
3rd <u> - - - - </u>	<u> </u>	<u> </u>
Highest AIS in Air Bag Car		<u>6</u>
Delta-V of Principal Damage (deployment event) to Air Bag Car		<u> </u>
Object Struck by Air Bag Car		<u>02</u>
(01) Car or Stationwagon (02) Pickup Truck, Jeep (03) Van (04) Truck, Bus, Train (05) Tree, Pole, Post, Etc. (06) Small Trees, Posts, Mailboxes (07) Guardrail (08) Concrete Barrier, Dividers	(09) Curb or Median (10) Embankment (11) Bridge Support, Pillar (12) Railroad Tracks, Terrain (13) Building (14) Large animal (15) Ground-Rollover Only (99) Unknown	
Driver Age in Air Bag Car		<u>036</u>
Number of Front Seat Occupants in Air Bag Car		<u>2</u>
Number of Belted Front Seat Occupants in Air Bag Car		<u>1</u>
Type of Investigation		<u>R</u>
(R) Remote (S) On-Site		

AIR BAG PERSON LEVEL FORM
(Complete one form for each person in the Air Bag car)

Log Number	<u>I</u> <u>N</u> <u>9</u> <u>6</u> <u>2</u> <u>4</u>
Occupant Number [Assigned sequentially (i.e., 01, 02, ...) for each air bag car. Assign left to right, front to back.]	<u>0</u> <u>1</u>
Occupant's Age in Years	<u>0</u> <u>3</u> <u>6</u>
Seating Position (1) Left (2) Center 1 (Note: First person in center is "2") (3) Center 2 (4) Right	<u>1</u>
In Which Seat Was the Occupant? (1) Front (2) Back	<u>1</u>
Was the Occupant Wearing a Belt Restraint? (1) Yes [] Lap belt only [] Shoulder harness only [✓] Lap and shoulder harness (2) No	<u>1</u>
Was the Occupant Killed? (1) Not killed (2) Killed	<u>1</u>

Air Bag Person Level Form -- Continued

	I.S.S.	O.I.C.---A.I.S.**							
	Body Region	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source*	Direct/ Indirect Injury	Source of Injury Data
1st	<u>6</u>	<u>F</u>	<u>W</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>07</u>
2nd	<u>6</u>	<u>F</u>	<u>I</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>07</u>
3rd	<u>6</u>	<u>F</u>	<u>L</u>	<u>L</u>	<u>I</u>	<u>1</u>	<u>91</u>	<u>3</u>	<u>03</u>
4th	<u>6</u>	<u>R</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>07</u>
5th	<u>6</u>	<u>R</u>	<u>R</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>07</u>
6th	<u>6</u>	<u>R</u>	<u>L</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>03</u>
7th	<u>6</u>	<u>R</u>	<u>L</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>03</u>
8th	<u>6</u>	<u>W</u>	<u>B</u> ***	<u>L</u>	<u>I</u>	<u>1</u>	<u>91</u>	<u>3</u>	<u>03</u>
9th	<u>6</u>	<u>K</u>	<u>L</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>09</u>	<u>1</u>	<u>03</u>
10th	<u>6</u>	<u>K</u>	<u>L</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>09</u>	<u>1</u>	<u>06</u>
11th	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—

* Use NASS CDS codes.

** Follow 1988 NASS Injury Coding Manual.

*** Aspect "bilateral" was not allowed for these injuries in AIS '85, but it is used here because the injuries were caused by the same Injury Source.

AIR BAG PERSON LEVEL FORM
(Complete one form for each person in the Air Bag car)

Log Number	<u>I</u> <u>N</u> <u>9</u> <u>6</u> <u>2</u> <u>4</u>
Occupant Number [Assigned sequentially (i.e., 01, 02, ...) for each air bag car. Assign left to right, front to back.]	<u>0</u> <u>2</u>
Occupant's Age in Years	<u>0</u> <u>0</u> <u>6</u>
Seating Position (1) Left (2) Center 1 (Note: First person in center is "2") (3) Center 2 (4) Right	<u>4</u>
In Which Seat Was the Occupant? (1) Front (2) Back	<u>1</u>
Was the Occupant Wearing a Belt Restraint? (1) Yes [] Lap belt only [] Shoulder harness only [] Lap and shoulder harness (2) No	<u>2</u>
Was the Occupant Killed? (1) Not killed (2) Killed	<u>2</u>

Air Bag Person Level Form -- Continued

	I.S.S.		O.I.C.---A.I.S.**							
	Body Region	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source*	Direct/ Indirect Injury	Source of Injury Data	
1st	<u>1</u>	<u>N</u>	<u>P</u>	<u>E</u>	<u>C</u>	<u>6</u>	<u>45</u>	<u>1</u>	<u>03</u>	
2nd	<u>1</u>	<u>N</u>	<u>P</u>	<u>Z</u>	<u>V</u>	<u>2</u>	<u>45</u>	<u>1</u>	<u>02</u>	
3rd	<u>1</u>	<u>H</u>	<u>w</u>	<u>K</u>	<u>B</u>	<u>5</u>	<u>45</u>	<u>2</u>	<u>02</u>	
4th ^{ec}	<u>1</u>	<u>H</u>	<u>w</u>	<u>U</u>	<u>B</u>	<u>5</u> ****	<u>45</u>	<u>2</u>	<u>02</u>	
5th	<u>2</u>	<u>F</u>	<u>B</u> ***	<u>F</u>	<u>S</u>	<u>1</u> **	<u>45</u>	<u>1</u>	<u>02</u>	
6th	<u>2</u>	<u>F</u>	<u>B</u> ***	<u>D</u>	<u>J</u>	<u>2</u>	<u>45</u>	<u>1</u>	<u>02</u>	
7th	<u>6</u>	<u>H</u>	<u>R</u>	<u>A</u>	<u>E</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>02</u>	
8th	<u>6</u>	<u>F</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>02</u>	
9th	<u>6</u>	<u>F</u>	<u>I</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>02</u>	
10th	<u>6</u>	<u>N</u>	<u>A</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>02</u>	
11th	<u>6</u>	<u>N</u>	<u>A</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>03</u>	
12th	<u>6</u>	<u>S</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>02</u>	

* Use NASS CDS codes.

** Follow 1988 NASS Injury Coding Manual.

*** Aspect "bilateral" was not allowed for these injuries in AIS '85, but it is used here because the injuries were caused by the same Injury Source.

• These lesions are combined in AIS '85, but cannot be combined here

• In AIS '85 this line represents three lesions but must be combined here. There are two edemas (cerebral + cerebellar) and cerebral subarachnoid hemorrhage. The AIS '85 AISs are 5, 5, + 3 respectively

**** This AIS value reflects the AIS '85 coding

AIR BAG PERSON LEVEL FORM
 (Complete one form for each person in the Air Bag car)

Log Number	<u>I</u> <u>N</u> <u>9</u> <u>6</u> <u>2</u> <u>4</u>
Occupant Number	<u>0</u> <u>3</u>
[Assigned sequentially (i.e., 01, 02, ...) for each air bag car. Assign left to right, front to back.]	
Occupant's Age in Years	<u>0</u> <u>0</u> <u>2</u>
Seating Position	<u>4</u>
(1) Left (2) Center 1 (Note: First person in center is "2") (3) Center 2 (4) Right	
In Which Seat Was the Occupant?	<u>2</u>
(1) Front (2) Back	
Was the Occupant Wearing a Belt Restraint?	<u>1</u>
(1) Yes <input type="checkbox"/> Lap belt only <input type="checkbox"/> Shoulder harness only <input checked="" type="checkbox"/> Lap and shoulder harness with child safety seat (2) No	
Was the Occupant Killed?	<u>1</u>
(1) Not killed (2) Killed	

Air Bag Person Level Form -- Continued

	I.S.S.	O.I.C.---A.I.S.**							Direct/ Indirect Injury	Source of Injury Data
	Body Region	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source*			
1st	<u>6</u>	<u>F</u>	<u>I</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>9</u> <u>7</u>		<u>7</u>	<u>0</u> <u>7</u>
2nd	---	---	---	---	---	---	---	---	---	---
3rd	---	---	---	---	---	---	---	---	---	---
4th	---	---	---	---	---	---	---	---	---	---
5th	---	---	---	---	---	---	---	---	---	---
6th	---	---	---	---	---	---	---	---	---	---
7th	---	---	---	---	---	---	---	---	---	---
8th	---	---	---	---	---	---	---	---	---	---
9th	---	---	---	---	---	---	---	---	---	---
10th	---	---	---	---	---	---	---	---	---	---
11th	---	---	---	---	---	---	---	---	---	---
12th	---	---	---	---	---	---	---	---	---	---

* Use NASS CDS codes.

** Follow 1988 NASS Injury Coding Manual.

*** Aspect "bilateral" was not allowed for these injuries in AIS '85, but it is used here because the injuries were caused by the same Injury Source.